

Please note: If copy and pasting information, please ensure text fits in the boxes provided. Additional space is provided on **page 4** for any more information.

PATIENT DETAILS: Surname..... Name..... Known as..... Date of birth..... Sex..... Address..... Postcode..... Contact no/mobile..... NHS number.....	NEXT OF KIN DETAILS: Name..... Relationship..... Address..... Postcode..... Contact no/mobile.....	MAIN CARER DETAILS: (if different) Name..... Relationship..... Address..... Postcode..... Contact no/mobile.....
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Does the person have the capacity to consent to the referral as per the Mental Capacity Act 2005 YES NO
 If not, please provide capacity assessment and best interest documentation. Also provide any information regarding any DoLs in place (please attach to referral) Your referral could be delayed if this is not completed.

GENERAL PRACTITIONER:
 Name.....
 Address.....

 Postcode.....
 Contact no.....
 GP aware of referral: YES NO

SERVICE REQUIRED: INPATIENT End of life care Symptom control	OUTPATIENT The Being You Centre Medical Outpatients Lymphoedema Management	COMMUNITY SPECIALIST PALLIATIVE CARE TEAM (Salford Only) Specialist Palliative Care Nurse Response Time: Urgent referral - Response in 2 hrs Non-urgent referral
First available bed at either site Bed at Heald Green only Bed at Little Hulton only		Hospice @ Home *Salford & Trafford Only):

Reason for referral. Please see referral criteria on website. Please continue on page 3 if needed.

Details of Diagnosis (including severity and date):.....
Co-existing Medical Conditions (including Mental Health Conditions):.....
Current Symptoms requiring specialist input:.....

Medication History:.....

Please give details of other involved agencies (e.g. OT, physio, dietitian, specialist/Macmillan Nurse, social worker, district nurse)

Name.....	Profession.....	Contact no.....
Name.....	Profession.....	Contact no.....
Name.....	Profession.....	Contact no.....
Name.....	Profession.....	Contact no.....
Name.....	Profession.....	Contact no.....

Please confirm if the patient has:

NG Tube/PEG/PTPN YES NO (Please specify if has feeds).....

Tracheostomy tube YES NO Size.....

Oxygen YES NO Flow rate.....

Pressure sore YES NO Details.....

Is the patient being treated for/had a history of: Acquired infections MRSA/C. Diff/VRE/CPE YES NO

ADDITIONAL PATIENT INFORMATION:	Social Circumstances: i.e. home situation, carer responsibilities, support network, agencies involved, financial /legal issues
Interpreter required.....
Visual impairment.....
Hearing impairment.....
Dietetic requirements.....
Moving & handling requirements.....
Bariatric requirements.....
Home access & mobility requirements.....	Any other relevant information: i.e. communication issues, importance of religion, fears etc. Has Continuing Healthcare been applied for?
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Does the patient smoke? YES NO

If the patient is unable or unwilling to comply with the smoking conditions referred to in the Referral Handbook, they should not be referred to the hospice, or may wish to decline referral.

ADVANCE CARE PLANNING:

Preferred Place of Care discussed YES NO Details.....

Preferred Place of Death discussed YES NO Details.....

LPA Health & Welfare YES NO Details.....

LPA for Finance YES NO Details.....

Palliative Care Register/GSF YES NO Details.....

EpaCCa/CCS YES NO Details.....

uDNACPR YES NO Details.....

REFERRER DETAILS:	REFERRING HOSPITAL DETAILS:
Name.....	Hospital.....
Designation.....	Ward.....
Address.....	Consultant.....
.....	Discharge date.....
.....	Contact no.....
.....	Current location of patient (e.g. at home, hospital)
Postcode.....
Contact no.....

Signature of referrer: PRINTED NAME:

Contact number: Date of referral:

Has the patient's Medical Lead been informed of referral Yes No

Please return this form to the relevant Moya Cole Hospice site, using the following details:

Heald Green:
2 Hardy Field Lane, Heald Green,
Cheadle, SK8 3SZ
Phone: 0161 437 8136
Email: nehgm.moyacolereferrals@nhs.net

Little Hulton:
Meadowsweet Lane, Off Peel Lane, Little Hulton,
Worsley, M28 0FE
Phone: 0161 702 8181
Email: nehgm.moyacolereferrals@nhs.net

For information about how Moya Cole Hospice processes personal information, see our privacy notice here:
www.moyacole.org.uk/privacy-policy

Additional Information

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