Les Bourgs Hospice - referral form

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Name		D.O.B		Gender	
Address and postcode					
Contact number		Patient living alone?	yes		
Next of kin (name relationship and contact number)					
GP		Surgery		GP aware?	yes
Are family and patient aware of GP callout charges?		Smoking status Y/N	If Yes, is patient aware of Hospice Smoking Policy? ……		
Patient location	At Home	Resus status			
Covid 19 vaccination status		Date of second vaccination			

Referral for:	Urgency of referral
• Respite care ☐ • Symptom control ☐ • End of life care ☐ • Day hospice ☐	Assessment and/or admission requested within: • 24 hours (urgent; patient unstable, rapidly deteriorating on in the terminal/dying phase) ☐ • Two working days; (patient experiencing distressing physical and or psychosocial symptoms and not responding to established palliative care management/protocol) ☐ • One week; (patient is stable but seeking palliative care information and support ☐ • Pending: (patient has not yet consented to palliative care referral and/or is an inpatient ☐

Main diagnosis Treatment to date, further treatment planned.	Reason for referral Active problems distressing symptoms

Other relevant medical conditions and/or infection control issues

Current medications and significant recent changes

Known medication allergies / sensitivities

Name:	D.O.B.
Estimated prognosis (tick one of the following)	☐ days ☐ weeks ☐ months

Awareness of diagnosis/ prognosis, referral to hospice		
	Patient	Family/carer
Diagnosis	☐ yes ☐ no	☐ yes ☐ no
Prognosis	☐ yes ☐ no	☐ yes ☐ no
Referral	☐ yes ☐ no	☐ yes ☐ no

Any other relevant information: include family issues/dynamics, cultural needs, carers anxiety, advance care planning/ guardianship and MDT involved. Please state if Physio assessment done and if further Physio will be needed.

Equipment needs (i.e. oxygen – state % of oxygen currently required, alternating pressure mattress)

Problem severity score Clinician rated 0 = absent, 1 = mild, 2 = moderate, 3 = severe Please apply number to relevant symptoms		Phase of illness (tick one) ☐ Phase 1: Stable ☐ Phase 2: Unstable ☐ Phase 3: Deteriorating ☐ Phase 4: Terminal	
Difficulty sleeping		Karnofsky performance scale score: (see below)	
Appetite problems		**AKPS:** Australian modified Karnofsky Performance Scale ***Clinician rated***	
Nausea		**100 Normal**, no complaints or evidence of disease **90** Able to carry on normal activity, minor signs or activity	
Bowel problems		**80** Normal activities with effort, some signs or symptoms of disease	
Breathing problems		**70** Care for self, unable to carry on normal activity or to do active work	
Fatigue		**60** Occasional assistance but is able to care for most needs	
Pain		**50** Requires considerable assistance and frequent medical care	
Psychological/ spiritual		**40** In bed more than 50% of the time	
Family/carer:		**30** Almost completely bedfast	
Other:		**20** Totally bedfast & requiring nursing care by professionals and/or family	
		10 Comatose, barely rousable	

Referred by		Date	

(internal use only)					
Date referral received		Time referral received		On call informed?	
Name		Signature			

Date	Further information	Sign