

### Hampshire Hospitals Palliative Care Service Referral Form

Please email to: [hh-ft.palliativecare@nhs.net](mailto:hh-ft.palliativecare@nhs.net) or St Michael's Hospice: [hh-ft.smhadmin@nhs.net](mailto:hh-ft.smhadmin@nhs.net)

If you would like to discuss further, please phone relevant part of service.

**Community Palliative Care Team - Tel: 01256 314729**

**St Michael's Hospice - Tel: 01256 844744**

**PATIENT DETAILS**

Surname: ..... DOB: .....  
 First name: ..... Known as: .....  
 Address: .....  
 Telephone No: ..... Mobile No: .....  
**Sex:** Male / Female      **Lives alone:** YES / NO      **Patient aware of referral :** YES / NO

**NEXT OF KIN / MAIN CARER DETAILS (if different)**

Surname: .....  
 First name: .....  
 Relationship: .....  
 Address: .....  
 Telephone No: ..... Mobile No: .....

**GENERAL PRACTITIONER**

Name Dr: .....  
 Surgery: .....  
 Telephone No: .....  
**GP aware of referral: YES / NO**

**CURRENT LOCATION OF PATIENT (please tick)**

Home  Other  .....

**REFERRER DETAILS**

Name: .....  
 Title: .....  
 Department: .....  
 Telephone No: .....

**PERCEPTION OF DISEASE / PROGNOSIS**

Patient: .....  
 Family: .....

**Referrals must include:**  
 Detailed reason for referral e.g. Symptom control / Psychological support / Ethical decision making / Advance care planning

- Working diagnosis

**PLEASE TICK IDEAL RESPONSE TIME**

**Urgent** (Please discuss by phone – 01256 314729)       **Non-urgent**