South Tyneside NHS
NHS Foundation Trust

Referral to Specialist Palliative Care Services Fax 0191 4041324

Use for ALL services **excluding** lymphoedema

For any information prior to completion please telephone 0191 5128400

Referral date and time			
REFERRER DETAILS			
Referrer name	Contact number	Designation	
Address			
SERVICE – please circle		**RESPONSE**	
In patient unit		Urgent Routine Respite (7 days offered)	
Day services		Patients will be offered an appointment for assessment then allocated a session that meets their need	
Community specialist nurses		Could the patient attend a clinic Y/N Urgent Routine	
Domiciliary consultant visit		Urgent Routine	
Consultant Outpatient appointment		Urgent Routine	
Out of hours team		Urgent Routine	
PATIENT DETAILS			
Surname	Forename	Mr/Mrs/Ms/Miss	
Address Postcode Is patient at this location ?– if not please state			
Telephone number		Mobile	
DOB	Marital status	Male/female	
NHS number		X number	
Religion	Ethnicity	Language spoken	Interpreter required Y/N
NOK/CARER DETAILS			
Name		Relationship to patient	
Address			
Telephone number		Mobile	
GP DETAILS			
Name		Contact number	
Address			
PLEASE RECORD NAME, DESIGNATION AND CONTACT DETAILS OF ANY OTHER PROFESSIONAL INVOLVED e.g. District nurse, community ,matron, specialist nurse, consultant, oncologist			
PRIMARY DIAGNOSIS		**DATE**	

SECONDARY DIAGNOSIS	**DATE**

REASON FOR REFERRAL/INFORMATION TO SUPPORT REFERRAL
PLEASE INCLUDE ANY RELEVANT PAST MEDICAL HISTORY/ RISKS /SPECIAL REQUIREMENTS / CONCERNS

Pain ☐ **Symptom Control** ☐ **Psychological Support** ☐
Family/carer/social issues ☐ **End of life care** ☐ **Rehabilitation** ☐ **Respite** ☐

TREATMENT	**Previous**	**Current**	**Planned**
Chemotherapy			
Radiotherapy			
Surgery			

CURRENT MEDICATION Please list below or fax GP summary with referral

DECIDING RIGHT			
Patient on end of life pathway Y/N		Preferred place of care(if known)	
DNACPR Y/N	ACP Y/N	ADRT Y/N	EHCP Y/N
PATIENTS/ RELATIVE PERCEPTION Of diagnosis/prognosis			
Patient		Carer	
Patient aware of referral Y/N		Carer aware of referral Y/N	