# Salisbury Specialist Palliative Care Referral Form

# Salisbury Hospice, Odstock Road, Salisbury, Wiltshire, SP2 8BJ

Tel: 01722 425133 Fax: 01722 338015

Main diagnosis \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Patient aware Y / N

Other significant diagnoses \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Referred by \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Position \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Contact no. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

GP \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Consultant \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**GP/Consultant should be in agreement with this referral**

Contact no. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Social Worker \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

District Nurse involved Y / N Urgent care involved Y / N

Other CNS \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Patient lives alone Y / N

Main carer \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Tel \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Relationship \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Title \_\_\_\_\_\_\_\_\_

DOB \_\_\_\_\_\_\_\_\_\_\_\_ \_\_M / F Hospital No. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

NHS no.\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Tel no. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

If inpatient – ward \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

SERVICES REQUIRED

Community Team 🞏

Peter Gillam Day 🞏

Hospital Team 🞏

In-Patient Admission 🞏

Bereavement Support 🞏

REASON FOR REFERRAL

Symptom control 🞏

Psychological Support 🞏

Adaptation / Rehabilitation 🞏

Support for carer 🞏

Advice re: future management 🞏

URGENCY OF CONTACT

1. URGENT (1-2 days) 🞏

\*requires direct contact with SPC team to discuss situation

2. SOON (within 1 week) 🞏

3. ROUTINE (within 2 weeks) 🞏

REASON FOR REFERRAL (e.g. problem details, clinical history, medication, etc. Please provide as much information as possible, attach letters / photocopies etc)

Date of referral \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Community Areas covered

Barcroft, St Melor (The New Surgery), Avon Valley, Durrington & Upavon, Cross Plains, Till Orchard, Cherry Orchard, Codford

Endless St, Winterslow Surgery, Three Swans, Southern Independent

Salisbury Medical Practice, Wilton, Bemerton Heath

Harcourt

St Ann St, Porton, Castle Ludgershall, Castle Tidworth, Bourne Valley Ludgersall, Bourne Valley Tidworth, Millstream

Mere, Silton, Tisbury, Hindon, Old Orchard, Wilton

Spring Orchard Fovant

Whiteparish, Downton, Sixpenny Handley, Fordingbridge, Ringwood, Cornerways, Cranbourne, Lake Road Verwood, Broadchalke

Winterslow is Endless St

Porton is St Ann St

Durrington & Upavon are Avon Valley Practice

Cherry Orchard is Codford Surgery