



## *London: All Age Pan-London Specialist Palliative Care Referral Form*

Version 4.1

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*This document will continue to be reviewed and re-released to reflect new and emerging evidence.*

# Pan-London All Age Specialist Palliative Care Referral Form V4 – Outpatient, Community and Hospice Services

See service contact details at end of form

**PLEASE INCLUDE WITH THIS FORM ADDITIONAL INFORMATION - HOSPITAL DISCHARGE SUMMARY, LETTERS, GP SUMMARY AND BLOOD TEST RESULTS.**

## IS REFERRAL URGENT? (requiring assessment within 24-48 hours)

Yes  **IF YES, MUST TELEPHONE SERVICE TO DISCUSS**  
No

Referrer's signature: Referrer's name:

Referrer's job title: Referrer's contact number: Bleep no.:

Referring organisation: Date of referral:

### Essential patient details

NHS number:	Surname:	First name:	DoB:	Age:
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Ethnicity: Religion/faith:	Declared gender (optional): Further information (optional):	Marital status:
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Address:	Postcode:
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Who does the patient live with? Risks for visiting? Yes <input type="checkbox"/> No <input type="checkbox"/>	Further details:	Any access issues (e.g. key safe)? Yes <input type="checkbox"/> No <input type="checkbox"/> Further details:
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Email:	Telephone number:	Mobile number:
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Fluent in English? Yes <input type="checkbox"/> No <input type="checkbox"/> First language if not English:	Is an interpreter needed? Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, please state language/type of interpreter needed:	Other barriers to communication/further details on communication:
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Has the patient consented to this referral? Yes <input type="checkbox"/> No <input type="checkbox"/>	If no – please explain why not:
If patient lacked capacity to consent to referral, who consented? Lasting Power of Attorney for health and wellbeing (adults) <input type="checkbox"/> Best Interest	
Decision made (adult) <input type="checkbox"/> Other <input type="checkbox"/>	Name of person/details:
Has patient been told diagnosis? Yes <input type="checkbox"/> No <input type="checkbox"/>	Does the patient discuss the illness freely? Yes <input type="checkbox"/> No <input type="checkbox"/>
PAEDIATRICS ONLY: Has parent consented to referral? Yes <input type="checkbox"/> No <input type="checkbox"/>	If no – please explain why not:

Is the patient an adult at risk of abuse or neglect? Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, further details:
Is there an ongoing safeguarding investigation? Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, further details:
Is a Deprivation of Liberty Safeguard in place? Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, further details:
Any other safeguarding information?

Patient representative / key contact: Name:  Do they live with the patient? Yes <input type="checkbox"/> No <input type="checkbox"/>  Address:  Postcode:  Telephone:  Email:  Relationship to patient:  Does the patient representative hold a LPA for health and wellbeing? Yes <input type="checkbox"/> No <input type="checkbox"/>  Is patient representative the first point of contact? Yes <input type="checkbox"/> No <input type="checkbox"/>  Are they aware of patient's diagnosis? Yes <input type="checkbox"/> No <input type="checkbox"/>  Does the representative discuss the illness freely (if applicable)? Yes <input type="checkbox"/> No <input type="checkbox"/>	Main carer or 2 <sup>nd</sup> patient representative: Name:  Telephone:  Email:  Relationship to patient:  Does the carer/patient representative hold a LPA for health and wellbeing? Yes <input type="checkbox"/> No <input type="checkbox"/>  Is the carer/patient representative aware of patient's diagnosis? Yes <input type="checkbox"/> No <input type="checkbox"/>  Does the carer/representative discuss the illness freely (if applicable)? Yes <input type="checkbox"/> No <input type="checkbox"/>  Any further details:	General practitioner: Name of GP Practice:  Address:  Postcode:  Telephone:  Email:  Is the GP aware of the referral? Yes <input type="checkbox"/> No <input type="checkbox"/> If no, please inform GP  Discharge/GP summary included? Yes <input type="checkbox"/> No <input type="checkbox"/>
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# Pan-London All Age Specialist Palliative Care Referral Form V4 – Outpatient, Community and Hospice Services

See service contact details at end of form

Patient NHS number:	Surname:	First name:	DoB:
<b>PAEDIATRICS ONLY</b>			
<b>Who has parental responsibility for the patient?</b>			
<b>Name and date of birth of sibling(s)</b>			
<b>Name/details of school:</b>			
<b>Any safeguarding concerns? Yes <input type="checkbox"/> No <input type="checkbox"/></b>		<b>If yes, please provide details</b>	
<b>Is the child on a child in need or child protection plan? Yes <input type="checkbox"/> No <input type="checkbox"/></b>		<b>Is the child a looked after child? Yes <input type="checkbox"/> No <input type="checkbox"/></b>	
<b>Is the child's family known to social services? Yes <input type="checkbox"/> No <input type="checkbox"/></b>		<b>Does the child have a named social worker? Yes <input type="checkbox"/> No <input type="checkbox"/></b>	
<b>Further details:</b>			
<b>Any other relevant details about patient information?</b>			
<b>Diagnosis leading to referral:</b>			
<b>State primary diagnosis(es) leading to referral here</b>			
<b>Give brief history of diagnosis(es) and key treatments including consultant and hospital:</b>			
<b>Prognosis:</b>			
<b>Death anticipated within:</b> Years <input type="checkbox"/> Months <input type="checkbox"/> Weeks <input type="checkbox"/> Days <input type="checkbox"/> Uncertain <input type="checkbox"/>			
<b>Any further information:</b>			
<b>Service requested:</b>			
Home assessment and support <input type="checkbox"/> Day services <input type="checkbox"/> Outpatient service <input type="checkbox"/> Hospice at home <input type="checkbox"/> Admission <input type="checkbox"/> Paediatrics post-death care <input type="checkbox"/>			
Paediatrics bereavement support <input type="checkbox"/>			
<b>Other reason (please give details):</b>			
Please specify reason for admission: Respite <input type="checkbox"/> Symptom control <input type="checkbox"/> Terminal care <input type="checkbox"/>			
<b>Reason(s) for referral:</b>			
Symptom control <input type="checkbox"/> Emotional/psychological support <input type="checkbox"/> Social/financial <input type="checkbox"/> Carer support <input type="checkbox"/> Palliative rehabilitation <input type="checkbox"/>			
End of life care <input type="checkbox"/> Other reason (please provide details in box below) <input type="checkbox"/>			
<b>Further details of current palliative care problems (for paediatrics, state if unknown):</b>			
<b>Services patient is already known to or referred to:</b>			
Community children nursing <input type="checkbox"/> District nursing <input type="checkbox"/> Social services <input type="checkbox"/> Other <input type="checkbox"/>			
<b>Further details:</b>			
<b>Care planning</b>			
DNACPR in place? Yes <input type="checkbox"/> No <input type="checkbox"/>			
Does the patient have a universal care plan? Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown <input type="checkbox"/> If not, please give reason: If no universal care plan, please consider creating if appropriate.			
Other advance care planning information (preferred place of care / death/ treatment escalation plan / advance decision to refuse treatment etc.)?			
Yes <input type="checkbox"/> No <input type="checkbox"/>			
If yes, please give details:			
<b>Infectious disease(s)</b>			
Any communicable infection e.g. Clostridium difficile / MRSA / flu etc.? Yes <input type="checkbox"/> No <input type="checkbox"/>			
If yes, please give further details:			
If yes, does patient need barrier nursing? Yes <input type="checkbox"/> No <input type="checkbox"/>			

# Pan-London All Age Specialist Palliative Care Referral Form V4 – Outpatient, Community and Hospice Services

See service contact details at end of form

Patient NHS number:	Surname:	First name:	DoB:
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## Special device(s) and equipment

Does the patient have a special device in situ? Yes  No

If yes, give details (e.g. tracheostomy / drain / pacemaker / percutaneous endoscopic gastrostomy / implantable cardioverter defibrillator / noninvasive ventilation) and specify the type of device:

Does the patient need special equipment (e.g. bariatric or ventilation equipment)? Yes  No

If yes, give details and specify the type of equipment needed:

## Other past relevant medical and psychiatric history

Please provide brief details:

For paediatrics state any behavioural/neurodevelopmental/neurodiversity diagnosis(es):

## Medication(s)

Please attach a current medication list to this form. Use the space below for any further comments including any relevant past medications.

Has the patient got anticipatory subcut medication(s)? Yes  No

Further details:

Known drug sensitivities/allergies? Yes  No

Further details:

## Patient wishes and spiritual needs

What matters to the patient most?

Spirituality: What gives the person strength/meaning?

## Current location of patient

At home

In hospital  (if in hospital, complete section below)

Other e.g. nursing /care home

Further details if any:

## For patients in hospital

Hospital:		Hospital No:
Ward:	Direct ward ext.:	Telephone:
Consultant:		Date of discharge (if known):
Is palliative care team involved? Yes <input type="checkbox"/> No <input type="checkbox"/>		
Any other comments/information:		

# Pan-London All Age Specialist Palliative Care Referral Form V4 – Outpatient, Community and Hospice Services

## Service contact details

Each acute hospital has an **adult** Specialist Palliative Care team: if your patient is a *hospital inpatient*, please contact the team, via the relevant hospital switchboard.

### Contact details for all adult services (see following page for SWL adult services)

ICS	Service name, postcode, borough(s) served	Telephone number	Email address for referral form
NEL	<input type="checkbox"/> Saint Francis Hospice, RM4 1QH <b>Community service:</b> Barking & Dagenham, Havering, Brentwood <b>Inpatient services:</b> Barking & Dagenham, Havering, Redbridge, Brentwood, W Essex	01708 758606	<a href="mailto:nelondonicb.saintfrancishospicereferrals@nhs.net">nelondonicb.saintfrancishospicereferrals@nhs.net</a>
	<input type="checkbox"/> The Margaret Centre, Whipps Cross Hospital, E11 1NR <b>Inpatient services:</b> Waltham Forest, Redbridge <b>Community service:</b> Waltham Forest	020 8535 6604 020 8535 6714	<a href="mailto:BHNT.margaretcentrereferrals@nhs.net">BHNT.margaretcentrereferrals@nhs.net</a>
	<input type="checkbox"/> Saint Joseph's Hospice, E8 4SA <b>Community service:</b> Hackney, Tower Hamlets (TH), Newham <b>Inpatient services:</b> Hackney, TH, Newham, Islington, Haringey, W'ham Forest	0300 30 30 400	<a href="mailto:stjosephs.firstcontact@nhs.net">stjosephs.firstcontact@nhs.net</a>
	<input type="checkbox"/> Redbridge Community Palliative Care Team, IG2 7SR <b>Community service:</b> Redbridge	0300 300 1901	<a href="mailto:RedbridgeSPCT@nelft.nhs.uk">RedbridgeSPCT@nelft.nhs.uk</a>
NCL	<input type="checkbox"/> North London Hospice, N12 8TT <b>Community &amp; inpatient services:</b> Barnet, Enfield, Haringey	0800 368 7848	<a href="mailto:nlondonhospice.ccc@nhs.net">nlondonhospice.ccc@nhs.net</a>
	<input type="checkbox"/> South Camden community Palliative Care Team, NW1 0PE <b>Community service:</b> South Camden	020 3317 5777	<a href="mailto:palliative.southcamden@nhs.net">palliative.southcamden@nhs.net</a>
	<input type="checkbox"/> Islington Community Palliative Care Team, NW1 0PE <b>Community service:</b> Islington	020 3317 5777	<a href="mailto:palliative.islington@nhs.net">palliative.islington@nhs.net</a>
	<input type="checkbox"/> Marie Curie Hospice Hampstead, Camden, NW3 5NS <b>Inpatient services:</b> Barnet, Camden, Enfield, Haringey, Islington, Brent <b>Outpatient services:</b> Barnet, Camden, Enfield, Haringey, Islington, Brent	020 7853 3400	<a href="mailto:mcldondon.referrals@nhs.net">mcldondon.referrals@nhs.net</a>
	<input type="checkbox"/> The Royal Free - North Camden Palliative Care Team, NW3 2QG <b>Community service:</b> North Camden	020 7830 2905 020 7794 0500 (weekends & bank holidays)	<a href="mailto:rf-tr.palliativecare@nhs.net">rf-tr.palliativecare@nhs.net</a>
NWL	<input type="checkbox"/> Michael Sobell including Harlington Hospice, UB3 5AB <b>Community &amp; inpatient services:</b> Hillingdon	020 3824 1268.	<a href="mailto:nhsnwlcgg.mshreferrals@nhs.net">nhsnwlcgg.mshreferrals@nhs.net</a>
	<input type="checkbox"/> Meadow House Hospice, UB1 3HW <b>Community &amp; inpatient services:</b> Ealing, Hounslow	020 8967 5179	<a href="mailto:referralsmeadowhouse@nhs.net">referralsmeadowhouse@nhs.net</a>
	<input type="checkbox"/> St Luke's Hospice, HA3 0YG <b>Community service:</b> North Brent <b>Inpatient services:</b> Brent and Harrow (via Hospice Services Navigator)	020 8382 8000 020 8382 8013 07593135303 020 8382 8046 (out of hours)	<a href="mailto:LNWH-tr.referralsstlukes@nhs.net">LNWH-tr.referralsstlukes@nhs.net</a>
	<input type="checkbox"/> St John's Hospice, NW8 9NH <b>Community service:</b> some of Central London <b>Inpatient services:</b> Brent, Camden, Central London, Islington, West London, Hammersmith & Fulham (H&F)	020 7806 4040	<a href="mailto:nhsnwl.stjohnsreferrals@nhs.net">nhsnwl.stjohnsreferrals@nhs.net</a>
	<input type="checkbox"/> Pembridge Hospice, W10 6DZ <b>Community service:</b> South Brent, some of West London and some of Hammersmith & Fulham (H&F).	020 8102 5000	<a href="mailto:Clcht.pembridgeunit@nhs.net">Clcht.pembridgeunit@nhs.net</a> <a href="mailto:clcht.spa.referral@nhs.net">clcht.spa.referral@nhs.net</a>
	<input type="checkbox"/> Hillingdon Community Palliative Care Team, UB8 1QG <b>Community service:</b> Hillingdon	01895 485235	<a href="mailto:cnw-tr.hchcontactcentrerefs@nhs.net">cnw-tr.hchcontactcentrerefs@nhs.net</a>
	<input type="checkbox"/> Harrow Community Team, HA3 0YG <b>Community service:</b> Harrow	020 8382 8084	<a href="mailto:CLCHT.HarrowPalliativeCare@nhs.net">CLCHT.HarrowPalliativeCare@nhs.net</a>
	<input type="checkbox"/> St Christopher's Hospice, SE26 6DZ <b>Community service:</b> Bromley, Croydon, some of Lambeth, Lewisham, some of Southwark <b>Inpatient services:</b> Bromley, Croydon, Lambeth, Lewisham, Southwark	020 87684582	<a href="mailto:st.christophers@nhs.net">st.christophers@nhs.net</a>
SEL	<input type="checkbox"/> Greenwich & Bexley Community Hospice SE2 0GB <b>Community &amp; inpatient services:</b> Greenwich, Bexley	020 8320 5837	<a href="mailto:community.hospice@nhs.net">community.hospice@nhs.net</a>
	<input type="checkbox"/> Guy's & St Thomas' Community Team, SE1 9RT <b>Community palliative care:</b> some of Lambeth, some of Southwark	020 7188 4754	<a href="mailto:gst-tr.gstt-palliativecare@nhs.net">gst-tr.gstt-palliativecare@nhs.net</a>

# Pan-London All Age Specialist Palliative Care Referral Form V4 – Outpatient, Community and Hospice Services

## Contact details for adult services continued

SWL	<input type="checkbox"/> St Raphael's Hospice, SM3 9DX <b>Community &amp; inpatient services:</b> Merton, Sutton, some of Wandsworth	020 8099 7777	<a href="mailto:srh.referrals@nhs.net">srh.referrals@nhs.net</a>
	<input type="checkbox"/> Princess Alice Hospice, Esher, KT10 8NA <b>Community &amp; inpatient services:</b> Richmond, Kingston	0300 102 0100 (option 1)	<a href="mailto:syheartlandsicb.clinicaladminpah@nhs.net">syheartlandsicb.clinicaladminpah@nhs.net</a>
	<input type="checkbox"/> Royal Trinity Hospice, SW4 0RN <b>Community service:</b> some of Central London, some of Hammersmith & Fulham, Wandsworth, some of West London <b>Inpatient services:</b> Central London, Hammersmith & Fulham, Wandsworth, West London, Lambeth	020 77871062 020 7787 1000	<a href="mailto:rth.referrals@nhs.net">rth.referrals@nhs.net</a>

## Contact details for all paediatric services

ICS	Service name, postcode, borough(s) served	Telephone number	Email address for referral form
NEL	<input type="checkbox"/> Diana Children's Community Palliative Care Team E16 1LQ (Newham)	0203 738 7063	<a href="mailto:elft.dianateamnewham@nhs.net">elft.dianateamnewham@nhs.net</a>
	<input type="checkbox"/> Richard House Children's Hospice, E16 3RG (Newham, Barking and Dagenham, City & Hackney, Tower Hamlets, Waltham Forest, Redbridge, Havering)	020 7511 0222 020 7540 0243	<a href="https://richardhouse.org.uk/referral/">https://richardhouse.org.uk/referral/</a> <a href="mailto:care@richardhouse.org.uk">care@richardhouse.org.uk</a>
	<input type="checkbox"/> Haven House Children's Hospice, IG8 9LB (Waltham Forest, Redbridge, Havering, Barking & Dagenham, some of Enfield)	020 8505 9944 020 8506 5513 07872 198285 (out of hours)	<a href="mailto:haven.house@nhs.net">haven.house@nhs.net</a>
NCL	<input type="checkbox"/> Enfield Specialist Nursing, Bereavement and Play Team, EN2 0JB (Enfield)	020 8702 5620	<a href="mailto:beh-tr.specialistnursingbereavementandplayteam@nhs.net">beh-tr.specialistnursingbereavementandplayteam@nhs.net</a>
	<input type="checkbox"/> LifeForce Children's Community Palliative Care Team (Camden, Haringey & Islington)	020 3316 1950	<a href="mailto:whh-tr.lifeforce@nhs.net">whh-tr.lifeforce@nhs.net</a>
	<input type="checkbox"/> Louis Dundas Palliative Care Team Great Ormond Street WC1N 3JH (All London Boroughs)	020 7829 8678	<a href="mailto:Louisdundas.centre@nhs.net">Louisdundas.centre@nhs.net</a>
	<input type="checkbox"/> Noah's Ark Children's Hospice, EN5 4NP (Barnet, Camden, Enfield, Haringey, and Islington or adjoining boroughs where hospice services are not available)	020 3994 4134 07713 071116	General: <a href="mailto:noahs.referrals@nhs.net">noahs.referrals@nhs.net</a> Urgent: <a href="mailto:noahs.nurses@nhs.net">noahs.nurses@nhs.net</a>
NWL	<input type="checkbox"/> Kaleidoscope community palliative care team, W9 3XZ (Central London, Hammersmith & Fulham, West London)	020 7266 8840	<a href="mailto:Clcht.chirp@nhs.net">Clcht.chirp@nhs.net</a>
	<input type="checkbox"/> Shooting Star Children's Hospice, TW12 3RA (Brent, Ealing, Hammersmith & Fulham, Harrow, Hillingdon, Hounslow, Kensington & Chelsea, Westminster)	020 8783 2000 01483 230960	<a href="mailto:ssch.referrals@nhs.net">ssch.referrals@nhs.net</a>
SWL	<input type="checkbox"/> Shooting Star Children's Hospice, TW12 3RA (Richmond, Merton, Sutton, Kingston, Croydon, Wandsworth)	020 8783 2000 01483 230960	<a href="mailto:ssch.referrals@nhs.net">ssch.referrals@nhs.net</a>
	<input type="checkbox"/> SPACE specialist service (Richmond, Merton, Sutton, Kingston, Croydon, Wandsworth)	01483 230980	<a href="mailto:SSCH.spaceteam@nhs.net">SSCH.spaceteam@nhs.net</a>
	<input type="checkbox"/> Royal Marsden Paediatric Palliative Care Team – ONCOLOGY ONLY (Merton, Sutton, Kingston, Croydon, Wandsworth)	020 8661 3625	<a href="mailto:patch.team@nhs.net">patch.team@nhs.net</a>
SEL	<input type="checkbox"/> Evelina London Children's Hospital Palliative care team (All London boroughs plus any child known to the ELCH network)	020 71887188 ext.53278/53823	<a href="mailto:gst-tr.elchpaedpalliativereferrals@nhs.net">gst-tr.elchpaedpalliativereferrals@nhs.net</a> <a href="mailto:gst-tr.PPCadmin@nhs.net">gst-tr.PPCadmin@nhs.net</a>
	<input type="checkbox"/> Royal Marsden Paediatric Palliative Care Team – ONCOLOGY ONLY (Bexley, Bromley, Greenwich, Lambeth, Lewisham, Southwark)	020 8661 3625	<a href="mailto:patch.team@nhs.net">patch.team@nhs.net</a>
	<input type="checkbox"/> Demelza Hospice Care SE9 5AB (Bexley, Bromley, Lewisham, Lambeth, Southwark, Greenwich, Croydon)	020 8859 9800 01795 845 253 07919 891 216	<a href="mailto:Demelza.referrals@demelza.org.uk">Demelza.referrals@demelza.org.uk</a> <a href="mailto:Demelza.referrals@nhs.net">Demelza.referrals@nhs.net</a>

## Further information:

**Adult hospice services** - visit <http://www.hospiceuk.org/about-hospice-care/find-a-hospice> and enter the postcode or name of hospice

**Children's hospice services** - visit: [https://chal.org.uk/about-us/#hospices\\_list](https://chal.org.uk/about-us/#hospices_list)