



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:
Ethnicity: Religion/faith:		Declared gender (optional): Further information (optional):		Marital status:
Address:			Postcode:	
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)? Further details:	Yes <input type="checkbox"/> No <input type="checkbox"/>
Email:		Telephone number:		Mobile number:
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:
<p>Has the patient consented to this referral? Yes <input type="checkbox"/> No <input type="checkbox"/> If no – please explain why not:</p> <p>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:</p> <p>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"/></p> <p>PAEDIATRICS ONLY: Has parent consented to referral? Yes <input type="checkbox"/> No <input type="checkbox"/> If no – please explain why not:</p> <p>Is the patient an adult at risk of abuse or neglect? Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, further details:</p> <p>Is there an ongoing safeguarding investigation? Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, further details:</p> <p>Is a Deprivation of Liberty Safeguard in place? Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, further details:</p> <p>Any other safeguarding information?</p>				
<p>Patient representative / key contact:</p> <p>Name:</p> <p>Do they live with the patient? Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>Address:</p> <p>Postcode:</p> <p>Telephone:</p> <p>Email:</p> <p>Relationship to patient:</p> <p>Does the patient representative hold a LPA for health and wellbeing? Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>Is patient representative the first point of contact? Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>Are they aware of patient's diagnosis? Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>Does the representative discuss the illness freely (if applicable)? Yes <input type="checkbox"/> No <input type="checkbox"/></p>		<p>Main carer or 2nd patient representative:</p> <p>Name:</p> <p>Telephone:</p> <p>Email:</p> <p>Relationship to patient:</p> <p>Does the carer/patient representative hold a LPA for health and wellbeing? Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>Is the carer/patient representative aware of patient's diagnosis? Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>Does the carer/representative discuss the illness freely (if applicable)? Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>Any further details:</p>		<p>General practitioner:</p> <p>Name of GP Practice:</p> <p>Address:</p> <p>Postcode:</p> <p>Telephone:</p> <p>Email:</p> <p>Is the GP aware of the referral? Yes <input type="checkbox"/> No <input type="checkbox"/> If no, please inform GP</p> <p>Discharge/GP summary included? Yes <input type="checkbox"/> No <input type="checkbox"/></p>

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Patient NHS number:	Surname:	First name:	DoB:
PAEDIATRICS ONLY			
Who has parental responsibility for the patient?			
Name and date of birth of sibling(s)			
Name/details of school:			
Any safeguarding concerns? Yes <input type="checkbox"/> No <input type="checkbox"/>		If yes, please provide details	
Is the child on a child in need or child protection plan? Yes <input type="checkbox"/> No <input type="checkbox"/>		Is the child a looked after child? Yes <input type="checkbox"/> No <input type="checkbox"/>	
Is the child's family known to social services? Yes <input type="checkbox"/> No <input type="checkbox"/>		Does the child have a named social worker? Yes <input type="checkbox"/> No <input type="checkbox"/>	
Further details:			
Any other relevant details about patient information?			
Diagnosis leading to referral:			
State primary diagnosis(es) leading to referral here			
Give brief history of diagnosis(es) and key treatments including consultant and hospital:			
Prognosis:			
Death anticipated within: Years <input type="checkbox"/> Months <input type="checkbox"/> Weeks <input type="checkbox"/> Days <input type="checkbox"/> Uncertain <input type="checkbox"/>			
Any further information:			
Service requested:			
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"/>			
Other reason (please give details):			
Please specify reason for admission: Respite <input type="checkbox"/> Symptom control <input type="checkbox"/> Terminal care <input type="checkbox"/>			
Reason(s) for referral:			
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"/>			
Further details of current palliative care problems (for paediatrics, state if unknown):			
Services patient is already known to or referred to:			
Community children nursing <input type="checkbox"/> District nursing <input type="checkbox"/> Social services <input type="checkbox"/> Other <input type="checkbox"/>			
Further details:			
Care planning			
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:			
Infectious disease(s)			
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"/>			

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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:		

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

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Contact details for adult services continued

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

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	elft.dianateamnewham@nhs.net
	<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	https://richardhouse.org.uk/referral/ care@richardhouse.org.uk
	<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)	haven.house@nhs.net
NCL	<input type="checkbox"/> Enfield Specialist Nursing, Bereavement and Play Team, EN2 0JB (Enfield)	020 8702 5620	beh-tr.specialistnursingbereavementandplayteam@nhs.net
	<input type="checkbox"/> LifeForce Children's Community Palliative Care Team (Camden, Haringey & Islington)	020 3316 1950	whh-tr.lifeforce@nhs.net
	<input type="checkbox"/> Louis Dundas Palliative Care Team Great Ormond Street WC1N 3JH (All London Boroughs)	020 7829 8678	Louisdundas.centre@nhs.net
	<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: noahs.referrals@nhs.net Urgent: noahs.nurses@nhs.net
NWL	<input type="checkbox"/> Kaleidoscope community palliative care team, W9 3XZ (Central London, Hammersmith & Fulham, West London)	020 7266 8840	Clcht.chirp@nhs.net
	<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	ssch.referrals@nhs.net
SWL	<input type="checkbox"/> Shooting Star Children's Hospice, TW12 3RA (Richmond, Merton, Sutton, Kingston, Croydon, Wandsworth)	020 8783 2000 01483 230960	ssch.referrals@nhs.net
	<input type="checkbox"/> SPACE specialist service (Richmond, Merton, Sutton, Kingston, Croydon, Wandsworth)	01483 230980	SSCH.spaceteam@nhs.net
	<input type="checkbox"/> Royal Marsden Paediatric Palliative Care Team – ONCOLOGY ONLY (Merton, Sutton, Kingston, Croydon, Wandsworth)	020 8661 3625	patch.team@nhs.net
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.53278/5382 3	gst-tr.elchpaedpalliativereferrals@nhs.net gst-tr.PPCadmin@nhs.net
	<input type="checkbox"/> Royal Marsden Paediatric Palliative Care Team – ONCOLOGY ONLY (Bexley, Bromley, Greenwich, Lambeth, Lewisham, Southwark)	020 8661 3625	patch.team@nhs.net
	<input type="checkbox"/> Demelza Hospice Care SE9 5AB (Bexley, Bromley, Lewisham, Lambeth, Southwark, Greenwich, Croydon)	020 8859 9800 01795 845 253 07919 891 216	Demelza.referrals@demelza.org.uk Demelza.referrals@nhs.net

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