

**REFERRAL FORM for SPECIALIST PALLIATIVE CARE TEAM, Selby & York locality  
& ST LEONARD'S HOSPICE**

<p><b>S&amp;Y Community Palliative Care Team/Macmillan nurses [ ]</b></p> <p>The Lodge St. Leonard's Hospice 185 Tadcaster Road York YO24 1GL</p> <p><b>Tel: 01904 724476</b> Fax: 01904 777049</p>	<p><b>St Leonard's Hospice [ ]</b></p> <p>185 Tadcaster Road York YO24 1GL</p> <p><b>Tel: 01904 708553</b> Fax: 01904 704337</p>	<p><b>S&amp;Y Hospital Palliative Care Team [ ]</b></p> <p>Cancer Care Centre York Hospitals NHS Trust Wigginton Road York YO31 8ZZ</p> <p><b>Tel: 01904 725835</b> Fax: 01904 726440</p>
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<b>Referral to Specialist Palliative Care Team: Macmillan Nurse/Specialist OT</b>			
*URGENT		*NON URGENT	
*Same day advice, visit ASAP Please phone team on above number		*Contact within 2 working days	*Patient does not need immediate contact/advice
<b>Referred by:</b>	Area of work/Role	Tel No	Date of referral

<b>Hospice referral Inpatient care</b>	Terminal Care [ ]	Symptom Control [ ]	Assess/Rehab [ ]	Respite [ ]
<b>Out Patient care</b>	Day Hospice [ ]	Lymphoedema Clinic [ ]	Hospice at Home [ ]	
<b>Referred by:</b>	Signature:	Designation:	Date:	

Patients Name		Married/Partner/Widowed/Single/Divorced		D.O.B.	
Likes to be known as			Patient Consent to referral		Yes/No
NHS Number		Hospital Number		Religion	
First language			Ethnicity		
Address					
					Post Code
Tel No			Occupation		
Main Carer		Relationship		First language	
Address					
Post Code			Telephone No		

Diagnosis	Date
Metastases	Date
	Date
Recurrence	Date
Patient aware of diagnosis Yes/No	Patient aware of prognosis Yes/No
Carer aware of diagnosis Yes/No	Carer aware of prognosis Yes/No

**PLEASE COMPLETE BOTH SIDES OF REFERRAL FORM**

**P.T.O.**

G.P.	Surgery	Aware of referral Yes/No
Consultant		Aware of referral Yes/No

DS1500	In receipt	Applied for	Not discussed
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SERVICES INVOLVED	
District Nurse	Tel No:
Social Worker/Care Manager	Tel No:
Others	Tel No:

Previous Investigations/Treatment

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Current/Planned Treatment

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Medication related to current illness

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Other Medical History/Problems & Medication

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Main Problems/Issues/Risks identified

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Preferred Place of Care at end of life discussed?

Outcome:

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What is expected outcome of the team's involvement?

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**For Specialist Palliative Care Team use only**

Outcome:	Date:	Place:
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