

**PATIENT REFERRAL FORM**  
ST. WILFRID'S HOSPICE - CHICHESTER

**PLEASE COMPLETE  
BOTH PAGES**

St. Wilfrid's Hospice, Grosvenor Road, Chichester PO19 8FP  
Tel: 01243 755813 Fax: 01243 538171

Date/Time:

**PATIENT DETAILS**

SURNAME:

Date of Birth:

FORENAMES:

Marital Status:

Home Address:

Tel. Number:

Hospital Number:

NHS Number:

Current location of patient:  
(if different to above)

Tel. Number:  
(if different to above)

**REFERRER DETAILS**

NAME & ROLE:

Tel/Bleep No.:

Is the referrer the patient's GP?  Yes  No If "No", please give GP details below:-

GP NAME:

Tel. Number:

GP Practice:

**If the "Referrer" is NOT the patient's GP:-**

Have you spoken to the GP or left a message for him/her?  Yes  No

**PATIENT CARE & TREATMENT**

Consultant(s) already involved in the care of the patient:

Is the patient aware of their referral?  Yes  No

**FAMILY/CARER DETAILS**

Are there any safety concerns in relation to visiting the patient at home?  Yes  No

If "Yes", please give details:

Name/address/tel no. of next of kin/patient representative:

Are family/carers aware of this referral?  Yes  No

Surname:

Date & Time:

Forenames:

Hospital No.:

D.O.B:

NHS No.:

Reason for Referral:

- Symptom Control   
  Social, Psychological & Spiritual Support   
  End Of Life Care  
 Family & Carer Needs   
  Community Support   
  Other

If "Other", please give details:

Which service is required?:

- Community Team   
  Psychosocial Team   
  Hospital Assessment  
 Hospice @ Home   
  Assessment for IPU Admission

Priority of Contact by SWH:

- Within 2 working days (Urgent)    If need is more urgent, please phone  
 Within 5 working days (Routine)

If this referral is urgent and the patient is not seen within 48 hours is there a risk they will be admitted to acute hospital?  Yes  No

Diagnosis:

Clinical details and present problems:

Past medical and psychiatric history:

DNACPR in place?  Yes  No

Preferred Place of Care (if known):

Preferred Place of Death (if known):

Please FAX BOTH PAGES of this form to St. Wilfrid's Hospice Clinical Office on 01243 538171

**St. Wilfrid's Hospice Use ONLY**

SWH Hospice No.:

Referral Taken By: