



**PLEASE COMPLETE
BOTH PAGES**

PATIENT REFERRAL FORM

ST WILFRID'S HOSPICE – CHICHESTER

St Wilfrid's Hospice, Walton Lane, Bosham, PO18 8QB

01243 775302 nesea.stwh-clinadmin@nhs.net

Date/Time:

PATIENT DETAILS:

SURNAME: Date of birth:

FORENAMES: Marital Status:

Home address: Phone No:

NHS No:

Hospital No:

Current location of patient: Tel. No.
(if different to above) (if different)

REFERRER DETAILS:

NAME AND ROLE: Tel/Bleep No:

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

GP Name: GP Surgery:

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) 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/Telephone
No. of next of kin/patient
representative:

Are families/carers aware of this referral? Yes No



Patient referral form cont: Patient surname: DOB:

Reason for referral: Symptom control Social/psychological & spiritual support
Family/carer needs Community Support End of life care
Other

If "Other", please give details:

Which service is required? Community Team Psychosocial Team Hospital Assessment
 Hospice at Home Assessment for IPU admission
 Living Well Centre (including Breathing Easy course)

Priority of contact by St Wilfrid's Hospice? Within 2 working days (Urgent)
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:

Is the patient able to physically attend GP/outpatient appointments? Yes No

Does the patient have a DNACPR in place? Yes No

Preferred place of care (if known):

Preferred place of care (if known):

Please email both sides of this form to: nesea.stwh-clinadmin@nhs.net

St Wilfrid's Hospice use only (for telephone referrals):

Referral taken by:

Date referral taken:

