

Perth & Kinross Specialist Palliative Care Services REFERRAL FORM

All Information must be completed before referral can be accepted.

Return address/fax number on base of referral form

Referral can be made for patients, aged 18 years or over, with a life limiting illness if they have:

- Uncontrolled pain or other distressing symptoms
- Complex physical, psychological, spiritual or family needs that cannot be met by the staff in that care setting
- Information and advice needs relating to diagnosis, disease process, treatments and symptom management
- Specialist Rehabilitation to maximise self care
- Complex end of life care needs

First line palliative care measures should have been tried before referral to Specialist Palliative Services is initiated.

Ref: Tayside Palliative Guidelines <http://www.palliativecareguidelines.scot.nhs.uk>

Referrer's Name:

Designation:

Contact Telephone Number:

Date Referred:

Admission for Inpatient Care:

- Symptom control
- End-of-life care
- Rehabilitation
- Palliative procedure.....

Other Services:

- Community Macmillan CNS
- Hospital Palliative Care Team
- Domiciliary Visit (medical)
- Day Services
- Symptom Control Clinic
- Palliative OT / Physiotherapist
- Lymphoedema management

Patient Details

Name: CHI: Patients GP:

Address: Tel: Address:

..... Gender: M / F

..... Lives alone: Y / N

Postcode: Patient consent to referral: Y / N GP Tel:

Patient location: Home [] Hospital [] Other []

Main Carers Details

Name: Telephone Number:

Address: Relationship to patient:

.....

Postcode:

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History of Illness and Treatments

Diagnosis: Date of Diagnosis:

Site(s) of Known Metastases:

Relevant Treatments to date:

Please attach a current list of Medication

This should include any allergies or drug intolerances

Patient awareness of diagnosis/prognosis and their expectations

DS1500 completed (*please circle*): Y / N

Reason for referral with Recent History included

Relevant Past Medical History

DNACPR status: MRSA Status:

Implantable Defibrillator in situ: Y / N C. Diff Status:

Pacemaker in situ: Y / N