

# Referral Form

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Please indicate one main service being requested: For more information on services go to Page 3 'Guidance'

In-Patient Unit	Hospice at Home	Living Well Therapies
Medical Out-Patients	Community Neighbours	Family & Bereavement Support Service

**Referrer's Details (N.B. If information is missing we may need to contact you before accepting the referral)**

Date referring:	Time:
Your name:	Your designation:
Your signature:	Your contact number:
Email:	

**Patient's Details (please also include these if referring a carer for Family & Bereavement Service support)**

Name:	DOB:	M/F	Faith (if known)
Address:	Postcode:	Telephone no:	
Current location:	Is patient aware of referral?		
NHS no:			

**Family Carer Details (if known)**

Name of main carer/NOK:	Relationship to patient: DoB (Family & Bereavement Support service)
Address if known:	Tel. no:

**Primary Care Team Details**

Name of GP:	Surgery address:
Tel. no:	DN contact tel:

**Other Health Care Professionals involved (e.g. District Nurse, Macmillan Nurse)**


	YES	NO		YES	NO
Is the patient aware that they are at End of Life i.e. potentially in the last year of life?			Is this patient receiving chemotherapy? (Include details overleaf)		
Is this patient on the GP GSF register?			Has this patient had radiotherapy recently? (Include details overleaf)		
Does any written documentation of ACP exist? (If so, it should come with the patient)			Any pressure ulcers? Grade (if known)		
Any Advance Care Planning conversations? (Include details overleaf)			Any known infections? Hospital acquired infections?		
Are Just in Case drugs in the home?			Any risk of falls?		

	YES	NO		YES	NO
Has NWS been notified of this patient?			Is oxygen required? (If yes, please organise HOOF and supply for admission date)		
Is CHOC aware of this patient?			Any issues with mental capacity?		
Any lone worker risks? (Patient and carers)			Any problems gaining access to the place of residence?		
Safeguarding concerns?					

<b>Main Patient Diagnosis:</b>
<b>Other Relevant Diagnoses:</b>
<b>Main reason for Referral (or for Community Neighbours; what are the main needs):</b>
<b>Summary of current condition and treatments, current medication list</b>

<p><b>Please add any further information of relevance here e.g. what interventions have already been trialled.</b> (Please add carer's GP details if referring to Family &amp; Bereavement Support Service)</p>
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**Please note: a bed or service is not booked until confirmed as such by hospice staff.**

**N.B. Please also attach copies of relevant specialists' letters and GP patient summaries whenever possible.**

## GUIDE TO SERVICES AT ST MARYS HOSPICE

<b>In Patient Unit</b>	This is a nine bedded unit, where we take referrals for symptom management, respite care and end of life care for patients with life shortening conditions.
<b>Medical Out Patients</b>	Local health professionals can request medical outpatient appointment for patients with life shortening illness who have symptom control issues
<b>Hospice @ Home</b>	Cares for patients with life shortening conditions who wish to remain at home at end of life. The service covers the Furness and South Lakes area seven days a week. We also have a night service, where a Health Care Assistant can stay at a patient/family home overnight to help prevent carer fatigue and hospital admission.
<b>Family &amp; Bereavement Support Service</b>	Emotional/spiritual support for patients and/or their family members regarding loss and grief issues pre and post bereavement covering Furness and South Lakes. Clients can be seen at hospice or in own homes. We also offer signposting service should we not be the appropriate service. Referrals taken during normal office hours Mon-Friday. Please note this is neither a counselling service nor an emergency response service and is offered to adults only although parental guidance can be offered by the team regarding children's' grief responses.
<b>Living Well Therapies</b>	
<b>Living Well Afternoon</b>	Our Living Well Afternoon provides a place where people can join in different activities in a friendly understanding group. Helping maintain the social, physical and emotional wellbeing of patients and carers. Patients and carers can receive a nursing assessment and are able to discuss their needs and advance care plans.
<b>Complementary Therapy</b>	We offer patients and carers appointments for individual therapies such as aromatherapy, massage and reflexology. These are delivered in the clinic setting- Hospice and Barrow or in people's homes. The therapies are offered in short courses.
<b>Living Well Programme</b>	These programmes consist of one afternoon a week for 6 weeks. Patients and carers learn ways to help them manage challenging symptoms such as pain, anxiety and breathlessness. The Living Well Programme is suitable for people at any point after being diagnosed with a condition that significantly impacts on their life.
<b>Living Well Movement: Adapted Tai Chi</b>	Adapted tai chi is a mindful and moderated approach that is a safe and highly adaptable form of exercise for all ages and levels of ability. The practical body-centred exercises can be translated into every day activities of daily living, suitable for people who cannot stand for long periods of time.
<b>Community Neighbours</b>	Community Neighbours offer a person companionship – a friendly face and a helping hand. This is a non-medical, volunteer service providing social stimulation and maintenance of independence for the individual. It is not primarily a respite service for carers.

