EXAMPLE OF REFERRAL FORM

Specialist Palliative Care Services Referral Form
Please return to address/fax number at the bottom of the page

Referral can be made for patients, age 18 and 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 relating to diagnosis, disease process, treatments and symptom management
- Specialist Rehabilitation to maximise self care
- Complex end of life care needs

Referrers Name…….
Designation ……
Contact Telephone Number……
Date Referred ……..

Admission for In patient Care: Please Tick	Other Services	
Symptom control ☐	Community McMillan CNS ☐	Day Services ☐
End of life care ☐	Hospital Palliative care team ☐	Symptom control clinic ☐
Rehabilitation ☐	Domiciliary visit (medical) ☐	Palliative OT/Physio ☐
Palliative procedure ☐		Lymphoedema management ☐

Patient details:

Patient consent to referral Y/N GP tel: ……..
Patient Location: Home ☐ Hospital ☐ Other ☐
Main Carers Details:

Relationship to patient**……..**

History of illness and Treatments:
Diagnosis……. Date of Diagnosis ……..
Site of known Metatases: ……..
Relevant Treatment to date:

Please attach a current list of medications *(this should include any allergies or drug intolerance)*

- Patient awarenesss of diagnosis/prognosis and their expectations ……
  ……
- Reason for referral with recent History Included ……
  ……
- Relevant Past medical History ……
  ……
- DNACPR status…… MRSA Status ……..
- Implantable Defibriallator in situ: Y/N C.Diff Status:……..
- Pacemaker in situ: Y/N

Please send completed form to: Macmillan centre, Royal Infirmary, XXXXXXXXXX,
Tel: xxxxxxxxx Fax: xxxxxxxxxxxxxxx