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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **PATIENT DETAILS** | **Title** | **Forenames** | | | | | | | **Surname** | | | | | **Preferred name** | | |
| **DOB** | **Age** | | **Gender** | | | **NHS no.** | | **Marital**  **status** | | **Ethnic origin** | **Religion** | | **Main language** | | **Interpreter required**  **Y/N** |
| **Current address**  **Post Code** | | | | | | | | **Email address** | | | **Contact no.**  **Day Time:**  **Evening:**  **Mobile:** | | | | |
| **Current location**  **Home Hospital Other (specify)**  **Contact no.**  **(if different from above)** | | | | | | | | **Diagnosis** | | | **Prognosis**  **Years Months Weeks Days** | | | | |
| **REFERRER** | **Title** | | **Forenames** | | | | | | | **Surname** | | | | | | |
| **Contact no.** | | | | | **Email address** | | | | | | **Date last seen by referrer** | | | | |
| **REASON**  **FOR**  **REFERRAL** | **Symptom Control** | | | | **End of Life Care** | | | **Respite** | | | | **Day Services** | | | **Bereavement Support** | |
| **Supporting information** | | | | | | | | | | | | | | | |
| **GP** | **GP** | | | | **Practice** | | | | **Contact no.** | | | | **Email address** | | | |
| **Hospital** | | | | **CCG** | | | | **Is patient on GP Palliative Care Register**  **Y/N** | | | | | | | |
| **NEXT OF**  **KIN/CARER** | **Title** | **Forenames** | | | | | | | **Surname** | | | | | | **Relationship** | |
| **Address** | | | | | | | | | | | | | | | |
| **Post Code** | | | | | **Contact no.** | | | | | | | | | | |
| **AUTHORISATION** | **Is patient aware of the referral and agrees to participate in information being shared Y/N**  **If No, please supply a reason** | | | | | | | | | | | | | | | |
| **FUNDING** | **Has funding been agreed? Yes or No Only applicable if outside Dudley CCG** | | | | | | | | | | | | | | | |



**PLEASE RETURN FORM TO -** care.stourbridge.marystevenshospice8c717@nhs.net

**221 Hagley Road, Stourbridge, West Midlands DY8 2JR Main switchboard: 01384 443010**

**MARY STEVENS HOSPICE - REFERRAL FORM**