

Community Services

Community Services

Hospital Services

Hospices

- Barnet Community** – See North London Hospice
- Enfield Community** – See North London Hospice
- Haringey Community** – See North London Hospice
- The North London Hospice Community teams – patients living in or registered with GP's in Barnet, Enfield and Haringey:**
Tel: 020 8343 8841
Fax: 020 8343 7672
- Islington ElIPSe (End of Life & Palliative Care Service) Team**
N1, N19 and parts of N4, N5, N6, N7 and N8
Tel: 020 3317 5777
Fax: 020 7607 3995

- The Royal Free Palliative Care Team (North Camden)** NW1(part), NW3, NW5(part), NW6, NW8 (part), N19 (part)
Tel: 020 7830 2905
Fax: 020 7830 2045
- South Camden Palliative Care Team (including North East Westminster)**
NW1, NW3, NW5(part), EC1(part), WC1, WC2,W1 (part)
Tel: 020 3447 7140
Fax: 020 3447 7677
- St Clare Hospice, Hastingwood Community Team**
CM5, CM6, CM14, CM15, CM16, CM17, CM18, CM19, CM20, CM21, CM22, CM23, CM24, CB10, CB11, IG7, IG9, IG10, E4, EN9, RM4
Tel: 01279 773711
Fax: 01279 773771
- St Johns Hospice Community team**
GP registered patients in Westminster
Tel: 0207 432 8277
Fax: 020 7806 4041
- St Josephs Hospice Community team**
EC1,EC2,EC3,EC4,E1,E2,E3,E5,E6, E7,E8,E9,E10,E12,E13,E14,E15,E16, N16, and parts of E10,N1, and N4.
Tel: 0208 525 6061 (Admin)
0208 525 6067 (Triage)
Fax: 0208 525 6085

- Barnet Hospital Macmillan Palliative Care Support Team**
Tel: 020 8216 4446
Fax: 020 8216 4409
- Chase Farm Hospital Macmillan Palliative Care Support team**
Tel: 020 8375-2384
Fax: 020 8375-1070
- Harley Street Clinic Palliative Care Team - See UCLH & HCA Palliative Care Team**
- The North Middlesex Hospital Palliative Care Team**
Tel: 020 8887 2475
Fax: 020 8887 3237
- Princess Alexandra Hospital Specialist Palliative Care Team**
Tel: 01279 827846
Fax: 01279 827378.
- The Royal Free Hospital Palliative Care Team**
Tel: 020 7830 2905
Fax: 020 7830 2045
- UCLH & HCA Palliative Care Team**
Tel: 020 3447 7140
Fax: 020 3447 7677
- Whittington Health Palliative Care Service**
Tel: 020 7288 3682
Fax: 020 3224 4340
- Princess Grace Hospital - See UCLH & HCA Palliative Care Team**

- Marie Curie Hospice Hampstead**
 - Day Therapy Unit /Outpatient
Tel: 020 7853 3430/29
 - Inpatient Unit
Tel: 020 7853 3400
Fax: 020 7853 3437
- The North London Hospice:**
 - Inpatient Unit
 - Outpatients
 - Therapies
Palliative Care Outreach Support Service (Barnet and Enfield only)
Tel: 020 8343 8841
Fax: 020 8343 7672
- St Clare Hospice, Hastingwood**
 - Inpatient Unit:
Tel: 01279 773770
 - Fax: 01279 773771
Day Therapy:
Tel: 01279 773765;
Fax: 01279 773771
- St Johns Hospice**
 - In patient
 - Hospice at Home
Day Care
Tel: 0207 806 4065
Fax: 020 7806 4041
- St Josephs Hospice**
 - In Patient
Day Care
Tel: 0208 525 6061 (Admin)
0208 525 6067 (Triage)
Fax: 0208 525 6085

PATIENT DETAILS (in capitals please)		NEXT OF KIN	
SURNAME..... TITLE.....		NAME.....	
FIRST NAME..... MALE / FEMALE		RELATIONSHIP TO PT.....	
ADDRESS.....		ADDRESS.....	
.....POSTCODE.....	POSTCODE.....	
TEL..... MOBILE.....		TEL.....	
MARITAL STATUS..... DOB..... AGE.....		MOBILE.....	
ALTERNATIVE CONTACT.....		GP DETAILS	
PRIMARY DIAGNOSIS.....		NAME.....	
Patient aware of diagnosis? YES / NO Date of Diagnosis.....		ADDRESS.....	
ESTIMATED PROGNOSIS.....		POSTCODE..... TEL.....	
Patient aware of Prognosis? YES / NO Is Patient Aware of Referral? YES / NO		CCG..... FAX.....	
NHS NUMBER (If Known).....		Is GP or Consultant aware of referral? YES / NO	
REFERRED BY.....ROLE.....DATE OF REFERRAL.....			
CONTACT DETAILS.....			
WHERE IS THE PATIENT AT PRESENT? <input type="checkbox"/> At home <input type="checkbox"/> Other Community (e.g. nursing home).....			
<input type="checkbox"/> In hospital: WARD.....TEL NUMBERDATE OF DISCHARGE.....			

PALLIATIVE CARE TEAM (Community or hospital) NAME BASED AT..... TEL..... FAX.....	HOSPITAL DETAILS HOSPITAL..... CONSULTANT..... TEL..... HOSPITAL NO..... FAX..... HOSPITAL..... CONSULTANT..... TEL..... HOSPITAL NO..... FAX.....
DISTRICT NURSE NAME..... BASED AT..... TEL..... FAX.....	HOSPITAL..... CONSULTANT..... TEL..... HOSPITAL NO..... FAX.....

Details of diagnosis, treatment plan and any other significant details / medical history
(please enclose copies of relevant medical letters, blood results and investigation results)

.....
.....
.....
.....
.....
.....
.....
.....
.....
.....
.....

CURRENT SPECIALIST PROBLEMS 1..... 2..... 3.....	4..... 5..... 6..... Patient's Mobility
--	---

HAS CPR BEEN DISCUSSED WITH THE PATIENT? YES / NO CPR Status

ALLERGIES	OXYGEN REQUIREMENTS YES / NO If yes (details).....	MRSA (or other significant infection)
--	---	--

MEDICATION <u>NAME OF DRUG</u> <u>DOSE</u> <u>FREQUENCY</u>	<u>NAME OF DRUG</u> <u>DOSE</u> <u>FREQUENCY</u>
.....
.....
.....
.....
.....

HAS AN ADVANCE CARE PLAN BEEN DISCUSSED WITH THE PATIENT? YES / NO **If yes please provide details**
DOES THE PATIENT HAVE A COORDINATE MY CARE RECORD? YES / NO

NAME OF PATIENT..... **DATE OF BIRTH**.....

SOCIAL, CULTURAL AND SPIRITUAL ISSUES

(please include who the patient lives with)

.....
.....
.....
.....
.....
.....
.....
.....
.....
.....

Details of children under 18 or dependents.....
.....
.....

LANGUAGE SPOKEN.....

INTERPRETER REQUIRED YES / NO

DETAILS OF ANY RISK FACTORS FOR STAFF WHEN CARING FOR THIS PATIENT
(e.g. dangerous dogs / aggressive behaviour/ substance misuse in household)

.....
.....
.....
.....
.....
.....
.....
.....

ANY ADDITIONAL INFORMATION (including safeguarding, learning disability etc)

.....
.....
.....
.....
.....
.....
.....
.....
.....
.....
.....
.....
.....
.....
.....
.....
.....
.....
.....
.....
.....

REASON FOR REFERRAL

- SYMPTOM CONTROL
- TERMINAL CARE
- OTHER (Please specify)
- COMPLEX EMOTIONAL / PSYCHOLOGICAL SUPPORT
- REHABILITATION
- RESPITE
- ADVANCE CARE PLANNING

.....
.....
.....

Please fax or send completed referral form to the appropriate team.
If faxing it is the responsibility of the referrer to ensure that the referral has been received.

Please ensure that you enclose copies of relevant medical letters, blood results and investigation results.

Unfortunately if the form is not fully completed this may delay response.

FOR OFFICE USE ONLY

.....
.....
.....

NAME OF PATIENT..... DATE OF BIRTH.....