

DH Referral Form



Referrals accepted by telephone: 0345 0130 555
 or email: DHHHC.dorothyhouse-referrals@nhs.net

Urgency of referral: Urgent - 24hrs Soon - within 1 week Routine - within 2 weeks

Date of referral

Is the patient aware of the referral? Yes No

Has the patient consented (share information) Yes No

Is it OK for DH to see the referrers information on S1? Yes No

Which H@H Service?

- Respite
- EOL Care
- Crisis Care
- EDS

Essential details and demographics	
Referrer Name:	Referrer Email:
Referrer Base:	Referrer Phone:
Referrer Position:	Referral Date:
FIRST NAME:	SURNAME:
Title:	Marital Status:
DOB:	Gender:
NHS Number:	
Address:	Home Telephone No:
	Mobile Phone No:

Is the patient CHC funded? Yes No

Next of Kin/Main Carer	
Name:	Relationship:
Address:	Are they the next of kin? Yes <input type="checkbox"/> No <input type="checkbox"/>
	Are they the main carer? Yes <input type="checkbox"/> No <input type="checkbox"/>
Telephone Number:	

GP	
Name:	Telephone Number:
Address:	

Diagnosis:	Date of Diagnosis:
Metastasis:	

What treatment is the patient having?	
Location of patient:	Living alone?
Are there any safety concerns we should know about? (e.g. smokers, pets, access to home, keysafe, safeguarding, lone working conditions)	
Any communication difficulties/needs? (Patient or family/carer)	

Six Main Questions	
<p>1. What prompted you to phone today?</p> <ul style="list-style-type: none"> • What's important to the patient at this moment? • What support do you think they need? • What specific palliative care needs does the patient have? 	
<p>2. Physical</p> <ul style="list-style-type: none"> • Does the patient have any physical symptoms? (e.g. pain, SOB, nausea, vomiting, neurological symptoms) 	
<p>3. Functional</p> <ul style="list-style-type: none"> • Is the patients able to move and walk? • Are they getting around and out of the house? • Do they have their own transport? 	
<p>4. Social</p> <ul style="list-style-type: none"> • What professionals are involved? • Who is in the patient's family/social network? • Are there any children in the household or closely connected with the patient? • Are there any other adults in the family needing support? • Is the patient worried about money or housing? 	
<p>5. Psychological</p> <ul style="list-style-type: none"> • How is the patient feeling? • Are you concerned about their mental health/wellbeing? • Have they experienced mental health problems in the past? • Does the patient have capacity? 	
<p>6. Spiritual</p> <ul style="list-style-type: none"> • Is the patient part of a religious or spiritual community? • Do you know what sustains them in difficult times? • Are you aware of any spiritual fears or anxieties? 	

Is there any aspect that is of concern for you, which we haven't discussed yet? Yes No

Have you spoken to the patient? Yes No

Can we leave messages? Yes No

Do we have permission to speak to someone else other than the patient? Yes No

When completed please send to DHHC.dorothyhouse-referrals@nhs.net or Telephone: 0345 0130 555