

**Specialist Palliative Care Referral/ SinglePoint form – Contacts and Fax front sheet**

<b>North Essex Services</b>		<b>South Essex Services</b>	
St Helena Hospice/ Singlepoint	<b>Fax: 01206 843294</b> Tel: 01206 890360	Fair Havens Community Hospice Service (single point of access for specialist palliative care referrals)  Incorporating: Hospice at Home, Day Care, Fair Havens Community Macmillan Nurses and Macmillan Information & Advice Line Service	<b>Fax: 01702 341 341</b> Tel: 01702 220 350
Colchester Hospital Palliative Care Team	<b>Fax: 01206 746009</b> Tel: 01206 746272		
Community Palliative Care Team (at St Helena Hospice)	<b>Fax: 01206 843294</b> Tel: 01206 890360	Fair Havens Hospice	<b>Fax: 01702 437009</b> Tel: 01702 220350
Hospice at Home Colchester and Tendring	<b>Fax: 01206 843294</b> Tel: 01206 890360	Southend Hospital Palliative Care Team	<b>Fax: 01702 385886</b> Tel: 01702 385190
<b>South West Essex Services</b>		District Nurse Liaison	<b>Fax: 01702 390761</b> Tel: 01702 608250
Single Point of Access Team  (Out of Hours after 7pm calls transferred to BUHFT who will call back)	<b>Fax: 01268 242148</b> Tel: 01268 242141 (2/8) Tel: 01268 242150 (admission avoidance)	End of Life Care Team	<b>Fax: 01702 569021</b> Tel: 01268 366831
Community Macmillan Team including Macmillan Specialist Occupational Therapy service (South West Essex excluding Brentwood)	<b>Fax: 01375 373136</b> Tel: 01275 364435 (pro line) Tel: 01375 364449 or 01375 364419 (patient line)	End of Life Case Managers	Sharon Dines (Canvey/Leigh/Thundersley) Tel: 07966 792 630 Kim Hooper(Great Wakering/Shoeburyness/Southend) Tel: 07976 725 773 Mary Hobson (Hockley/ Kent Elms/ Rayleigh) Tel: 07974 014 356
End of Life Care Team (South West Essex including Brentwood)	Tel: 01375 364435	<b>Mid Essex Services</b>	
Hospice at Home (Basildon & Thurrock)	<b>Fax:</b> Tel: 07739 890 140	Farleigh Hospice	<b>Fax:</b> Tel:
Macmillan Benefits (Southend and Basildon)	<b>Fax: 01268 407748</b> Tel: 01268 407743	Broomfield Hospital Palliative Care Team	<b>Fax:</b> Tel:
St Luke's Hospice	<b>Fax:</b> Tel:	Community Palliative Care Team (at Farleigh Hospice)	<b>Fax:</b> Tel:
<b>Essex wide Service</b>		Hospice at Home	<b>Fax:</b> Tel:
The J's Hospice officers care to people aged 16-40 years with life-limiting/life threatening disease.		<b>Please complete the cover sheet and fax referral to the appropriate location. For all urgent referrals please telephone the relevant number and fax later.</b>	
The J's Hospice Community Palliative Care Team	<b>Fax:</b> Tel:		
The J's Hospice at Home	<b>Fax:</b> Tel:		
To:	From:		
Fax:	Pages:		
Telephone:	Date:		
Re:	Date of Birth:		
Comments:			
<b>The information contained in this fax is STRICTLY CONFIDENTIAL and intended for the recipient only. If you are not the named recipient you must not copy, distribute or disseminate this information, nor disclose its content to any person. If you have received this fax in error, please notify the sender immediately. Thank you.</b>			

## Specialist Palliative Care Referral Form

**Incomplete referrals may result in delay in contacting patients**

<b>PATIENT</b> Surname				<b>Next of Kin</b> Full Name					
First Name				Relationship					
Preferred Name				Aware of Diagnosis	Yes	No			
<b>NHS Number</b>				Address (if different to patient)					
Address				Telephone					
				Home					
				Work					
				Mobile					
Patient lives alone?	Yes		No	<b>Main Carer</b> (if not NOK)					
Gender	Male		Female	Relationship					
Date of Birth					Address (if different to patient)				
		Telephone		Telephone					
Home					Home				
Work					Work				
Mobile					Mobile				
Ethnic Group					<b>Diagnosis</b>				
Preferred Language					Date of Diagnosis				
Religion / Belief					<b>Co-Morbidities</b>				
Communication Issues					<b>Please attach copies of any relevant information relating to this diagnosis</b>				
<b>Marital Status</b>		Civil Partnership							
Married		Widowed		Single					
Divorced		Co-habiting		Separated					
<b>GP Name</b>					Patient Aware of Diagnosis	Yes	No		
Surgery Address					Patient and carer aware of referral and agreeable to sharing of information	Yes	No		
Surgery Telephone Number					If no, why not?				
Surgery Fax Number									

<b>Patient's Name</b>		<b>Date of Birth</b>		<b>NHS Number</b>	
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<b>Other Services Involved</b>	Patient known to service	Referred	Date	<b>Other Services Involved</b>	Patient known to service	Referred	Date
<b>District Nurse</b>				<b>Community Pharmacist</b>			
Name:				Name:			
Base:				Base:			
Telephone Number:				Telephone Number:			
<b>Social Worker</b>				<b>Hospice at Home</b>			
Name:				Name:			
Base:				Base:			
Telephone Number:				Telephone Number:			
<b>Site Specific CNS</b>				<b>End of Life Care Team</b>			
Name:				Name:			
Base:				Base:			
Telephone Number:				Telephone Number:			
<b>Occupational Therapist</b>							
Name:							
Base:							
Telephone Number:							

<b>Health &amp; Safety Issues</b>							
Access to Home:							
Equipment in Use:							
<b>Manual Handling Issues</b>							
Mobile			Bed / Chair Bound			Weight Bearing	
Not Weight Bearing			Environmental Risks			Risk of Falls	

<b>Alerts</b>	Infection Risk MRSA / C Diff	Drug Allergy	Confidentiality Issue	Social / Home Issue	Children	SOVA	Other
Please give details							

<b>Preferred Priorities for Care Discussed</b>	Yes		No	<b>Preferred Priorities for Care Document Completed</b>	Yes		No
<b>Preferred Priorities for Care Verbally Expressed</b>	Yes		No	<b>End of Life Register</b>	Yes		No
Location:							

<b>Consultants Involved (full name)</b>	<b>Speciality</b>	<b>Name of Hospital</b>

