

**PLEASE USE BLOCK CAPITALS AND BLACK INK – THANK YOU**

WARRINGTON AND HALTON: REFERRAL FOR SPECIALIST PALLIATIVE CARE SERVICES			
Patient Details		Relevant Treatments	
NHS No:			
Title	Gender M F		
Forename			
Surname			
Age	DOB		
Address			
Post Code	Tel:		
Ethnicity	Religion		
Marital Status	Smoker Y N		
<b>History of Illness</b>		Any known allergies?	
Diagnosis inc. known metastases		ICD in situ Y/N	Deactivated Y/N
		Pacemaker in situ Y/N	
		<b>Next of Kin Details</b>	
		Name	
Relationship to Patient		Address	
Patient aware of diagnosis Y N			
Date of diagnosis		Tel	
Other medical conditions		Is the patient living alone? Y N	
		Where is the patient presently?	
		<b>Involved Professional Details</b>	
<b>Current Medication (inc dose and frequency)</b>		GP Name	
		GP Surgery	
		GP Tel	GP Fax
		District Nurse	
		DN Tel	DN Fax
		Community Specialist Nurse	
		SN Tel	SN Fax
		Hospital Consultant	
		Hospital Consultant	
		Hospital Specialist Nurse	
		<b>Referral Information</b>	
		Is GP aware of referral?	Y N
		Is patient aware of referral?	Y N
		Date last seen by referrer	

