For office use only:

iCare ref:	Date added on iCare:
Passed on to:	How passed on:
Who passed on by:	Date of receipt of referral:
Action taken:	Date action taken:

BUTTERWICK HOSPICE CARE
DAY CARE & OUTPATIENT THERAPY

PATIENT REFERRAL FORM

PLEASE ENSURE THAT ALL DETAILS ARE COMPLETED IN BLOCK CAPITALS

NHS Number:	Referral Date:
Surname:	Referred by:
Name:	Refers Job Title & Contact No.:
Address:	Date of Birth:
	Marital Status:
	Telephone Number:
Post Code:	Religion:
G.P/Telephone No:	Ethnic Origin:
Next of Kin/Carer:	Relationship:
Address:	Telephone Number:
Post Code:	Current Location of Patient:
Lives Alone:	Allergies:

Referred for:

Bishop Day Care ☐
Richardson Day Care ☐
Sedgefield Day Care ☐
Weardale Day Care ☐
Palliative Care Physician ☐
Out Patient (Specify Site) ☐
Home Aromatherapy ☐

Reason for Referral:

Carer Support ☐
Respite ☐
Social Isolation ☐
Symptom Control ☐
Terminal Care ☐
Physiotherapy ☐
Aromatherapy ☐

Primary Diagnosis:

Date of Diagnosis:

Any distant spread, e.g.: Metastases in Liver:

Current Problems/Additional Information:

Mobility Status:

Please attach any recent clinic letters with this referral

Previous Surgery (by whom): Date:
Previous other treatment: Date:

Chemotherapy (by whom): Date:

Radiotherapy: Date:
Prognosis (Estimate in Months)

Past Medical History of note:
……

……

Current Drugs:
……

……

GP aware and gives permission for treatment: Yes No

Consultants:	Specialist Nurse:
Social Worker:	District Nurse:

Preferred place of care:

Is the DNR form signed:

Any advanced decisions made?
If yes, what are they:

Communication
Has the patient been told of his/her illness? Yes/No Prognosis? Yes/No
What has the patient been told of his/her illness?.....
Has the responsible relative or friend been informed of the patient's diagnosis? Yes/No

OTHER DETAILS

Social Services Involved Yes/No Details……

Other Care agencies involved Yes/No Details……

Attending other Day Care Yes/No Details…….

PLEASE SEND COMPLETED FORMS TO:
Registered Manager/Clinical Administrator Tel: 01388 603003
Butterwick Hospice Fax: 01388 603630
Woodhouse Lane
Bishop Auckland
DL14 6JU