**URGENCY:**

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| **Patient Name**:      Title:       Address:       Post Code:       Phone number:       NHS number/Hospital ID:     Current Location:        | **DOB** **Ethnicity:****Lives Alone Yes No****[ ]** **[ ]**  | **GP Name:** Practice Address:            Phone Number:       |
| **NOK Name:**       Title:     Relationship to Patient:      Phone number:       Address:      Post Code:       |
| **Patient Consent to Palliative Care Involvement?** Yes [ ]  No [ ]  |

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| **Diagnosis:** | **Referral for:** Inpatient [ ]  Outpatient [ ]  Community [ ]  |

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|  | **Phase Of Illness (please select)** |
| [ ]  | Stable | Problems and symptoms are adequately controlled by established plan of care, family/carer situation is relatively stable and no new issues are apparent.  |
| [ ]  | Unstable | An urgent change in the plan of care is required because the patient experiences a new problem or the patient experiences a rapid increase in the severity of a current problem. |
| [ ]  | Deteriorating | Patient’s overall functional status is declining and the patient experiences a worsening of existing problem(s) and/or a new, but anticipated, problem. |
| [ ]  | Dying | Death is likely within days |

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| **Australian Karnofsky** **Performance Status (%)** |  **[ ] 30**: Almost completely bedfast |  **[ ] 70**: Self caring but unable to work/normal activity |
|  **[ ] 40**: In bed >50% of time |  **[ ] 80**: Normal activity with effort, some symptoms |
| **[ ] 10**: Comatose |  **[ ] 50**: Considerable assistance, frequent medical care required |  **[ ] 90**: Normal activity, minor symptoms |
| **[ ]  20:** Totally bedfast |  **[ ] 60**: Occasional assistance |  **[ ] 100**: Normal |

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| **Main issues:**1.      2.      3.      **Please provide further details about your patient and why you are referring to palliative care:** Have any risks been identified regarding this patient or their home? If yes please provide details. Yes[ ]  No[ ]        |

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| Referrers name:      Contact details:        | Job title:      Date:       |

**Please attach relevant additional correspondence, results and/or summary care record/discharge summary**