**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: |

**Image result for paperclipPlease attach relevant additional correspondence, results and/or summary care record/discharge summary**