Telephone or return this form by post or to:-
Cathy Finnerty, Nurse Manager
Lakelands Day Care Hospice
Butland Road, Oakley Vale
Corby, Northants NN18 8LX
Tel: **01536 747755**

Day Hospice Referral Form

Name		
Date of Birth		
Address Post Code		
Telephone No.		
Next of Kin		
NOK Address		
NOK Tel. No		
General Practitioner		
Surgery & Tel. No		
Hospital Consultant		
Community Nurse involvement	**Yes** ☐ **No** ☐	Who?
TRANSPORT REQUIRED?	**Yes** ☐ **No** ☐	**DNACPR: Yes No** **GSF CODING: A /B /C/ D (Circle)** **SR1 : Yes No**
Care Package Yes ☐ **No** ☐ **Details: i.e Social services/CHC/ private:**		
Advance Care Plan/ Preferred Place of Care Form Completed? Yes ☐ **No** ☐ (If yes please provide evidence)		
Main Diagnosis:		
Treatment to date:		

Co – Morbidities
Special Requirements i.e. oxygen, wheelchair user
Nursing needs:
Mobility
Mental Status and Understanding
Relatives understanding
Medication (please include patient summary sheet) -- -- -- -- -- -- --
Limiting Symptoms
Known Allergies
Further information e.g. name of district nurse and contact details

Referral Date ………………………..

Referring Person :……………………………..:………………………………………………..

Contact Details: ………………………………………………………………………………………

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