

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**



## Heart Failure/ COPD Programme Referral Form

NHS No:	
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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 <input type="checkbox"/> No <input type="checkbox"/>	Who?	
<b>TRANSPORT REQUIRED?</b>	Yes <input type="checkbox"/> No <input type="checkbox"/>	<b>GSF CODING: A /B /C/ D (Circle)</b>	
<b>On Heart Failure Register</b>	Yes <input type="checkbox"/> No <input type="checkbox"/>	<b>SR1</b>	Yes <input type="checkbox"/> No <input type="checkbox"/>
<b>Continuing Health Care Package</b> Yes <input type="checkbox"/> No <input type="checkbox"/>			
<b>NYHA Score (please circle)</b>	1 2 3 4	<b>MRC Score (Please Circle): 1 2 3 4 5</b>	
<b>Advance Care Plan/ Preferred Place of Care Form Completed?</b> Yes <input type="checkbox"/> No <input type="checkbox"/> (If yes please provide evidence)			
<b>Blood Pressure:</b>	<b>Sat Score:</b>		
<b>Heart Rate</b>	<b>ECHO Date:</b>		
<b>Main Diagnosis</b>			
Co – Morbidities			

Special Requirements i.e. oxygen, wheelchair user
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

<b>Referral Date</b> .....
<b>Referring Nurse/ Doctor</b> :.....:
Contact Details: .....
.....