

Return this form by fax or post to:-
Tracy Glen, Nurse Manager
 Lakelands Day Care Hospice
 Butland Road, Oakley Vale
 Corby, Northants NN18 8LX
 Fax: **01536 747788**



Northamptonshire **NHS**
 Teaching Primary Care Trust

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?	
TRANSPORT REQUIRED?	Yes <input type="checkbox"/> No <input type="checkbox"/>	GSF CODING: A /B /C/ D (Circle)	
On Heart Failure Register	Yes <input type="checkbox"/> No <input type="checkbox"/>	DS 1500	Yes <input type="checkbox"/> No <input type="checkbox"/>
Continuing Health Care Package		Yes <input type="checkbox"/> No <input type="checkbox"/>	
NYHA Score (please circle)	1 2 3 4	MRC Score (Please Circle): 1 2 3 4 5	
Advance Care Plan/ Preferred Place of Care Form Completed? Yes <input type="checkbox"/> No <input type="checkbox"/> (If yes please provide evidence)			
Blood Pressure:		Sat Score:	
Heart Rate		ECHO Date:	
Main Diagnosis			

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

Referral Date
Referring Nurse/ Doctor :.....:
Contact Details:
.....