**LINDSEY LODGE HOSPICE & HEALTHCARE WELLBEING CENTRE REFERRAL FORM**

**SPECIALIST PALLIATIVE CARE**

(Please complete as fully as possible)

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Referral Date: | | | | | Referred by: | | | | |
| GP: | | | | | Position: | | | | |
| Other professionals involved: | | | | | Contact Number: | | | | |
| **Information Sharing:** | | | | | | | | | |
| Patient consent to referral | | | | | Yes | | | | No |
| Consent received to share information with other health professionals | | | | | Yes | | | | No |
| Consent received to share Systmone record | | | | | Yes | | | | No |
| **Patient Details:** | | | | | | | | | |
| Name |  | | | | Preferred Name | |  | | |
| DOB |  | | | | | | | | |
| Address |  | | | | | | | | |
| Home Tel |  | | | | Mobile | |  | | |
| Religion/Spirituality |  | | | | Ethnicity | |  | | |
| **Next of Kin Details:** | | | | | | | | | |
| Name |  | | | | Address | |  | | |
| Relationship |  | | | | Contact Numbers | |  | | |
| **Clinical Information:** | | | | | | | | | |
| Palliative Diagnosis (please include metastases if relevant): | | | | | Date of Diagnosis: | | | | |
| Other Relevant Conditions: | | | | | DNACPR in place: | | | | |
| Is the patient receiving any ongoing active treatment? | | | | | ReSPECT/EPaCCS in place: | | | | |
| Allergies: | | | | | Is patient and/or next of kin aware of diagnosis? | | | | |
| **Reason for Referral (please provide us with as much information as possible about the main issue/problems that have led to this referral – this may be a physical, psycho-social, spiritual, or family/carer need)** | | | | | | | | | |
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| **Additional Information:** | | | | | | | | | |
| Mobility: | | Feeding: | | | | Communication needs: | | | |
| **Referral criteria for the Wellbeing Centre and Lymphodema:** | | | | | | | | | |
| * Adults (18yrs +) * Patients registered with a North Lincolnshire GP or any resident of North Lincolnshire that is unregistered. * Life-limiting / terminal condition in advanced or progressive stages or * **Lymphodema -** Swelling due to:- Primary Lymphoedema; Secondary lymphoedema/Chronic Oedema as a result of; Cancer or cancer related treatments; Trauma; Neurological conditions; Life limiting conditions in the palliative phase; A history of repeated cellulitis related to oedema; Lipoedema   Requiring support with any of the below:   * Physical symptoms that are difficult to manage * Emotional support needs that cannot be met by usual treating team * Circumstances where there are difficulties with care needs/family support and/or frequent hospital admission as a result of a specific symptom * End of life goals including memory work, advanced care planning, access to social group/activities * Referrals will be considered for those with a recent diagnosis for which radical treatment is being offered but who have overwhelming symptoms (physical and emotional) that cannot be managed by treating team   **Please note:** in circumstances whereby patients cannot access the Wellbeing Centre, for example, unable to drive, consideration will be had for transport provision and/or remote support | | | | | | | | | |
| **Lymphoedema only:** | | | **Urgency 1:** | | | | | **Urgency 2:** | |
| **Definitions of Urgency**  **1** **Gross swelling**; history of recurrent cellulitis; greatly diminished ability to carry out daily tasks; disruption to quality of life, advanced palliative patients.  **2 Mild to moderate swelling**; some diminished ability to carry out daily tasks. | | | | | | | | | |
| Area affected by swelling: | | | | Skin condition of affected area:  Intact: Y/N Broken: Y/N Leaking: Y/N  Acute Cellulitis present: Y/N | | | | | |
| BMI/Weight: | | | | Relevant Investigations: (e.g. Doppler, ABPI, etc) | | | | | |
| **Exclusion Criteria for Lymphodema**   * Patients who have; recently been diagnosed with a DVT (following vascular assessment only); unstable cardiac failure or renal failure; an acute inflammatory infection; known ischaemia of the affected limb: an ABPI ≤0.5; currently receiving treatment for ulcers, wounds or have lymphorrhoea (wet/leaking limbs) * Lymphoedema secondary to morbid obesity/obesity where the patient has refused a weight-reducing programme or is not prepared to adopt weight reducing measures. * Patients with post-operative swelling within 8 weeks of surgery. * Non-complex chronic oedema including requests for provision of compression hosiery following compression bandaging by community nurses | | | | | | | | | |
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| **All general referrals should be emailed to:** [**llh.wellbeingreferrals@nhs.net**](mailto:llh.wellbeingreferrals@nhs.net)   * For further information, or if you would like to discuss a referral, please contact the **Butterfly Line** on: **01724 454392** | | | | | | | | | |
| **Office use only:** | | | | | | | | | |
| **Date received:** | | **Initial screening completed by:** | | | | **Priority and plan:** | | | |