The Prince & Princess of Wales Hospice

Prince & Princess of Wales Hospice
20 Dumbreck Road, Glasgow G41 5BW
Tel: 0141 429 9823 Website: www.ppwh.org.uk
Secure email (from nhs accounts): ggc.ppwhclinicaladmin@nhs.scot

REFERRAL FOR						
Community Palliative Care:	Hospice Community Team	☐				
Outpatient Services:	Day Services	☐	Outpatient Medical Clinic	☐	Nurse-led Clinic	☐
Inpatient Admission:	Symptom Control	☐	End of Life Care	☐	Assessment	☐
For more information about what each service offers, please refer to our website						

REFERRED BY			
Name:		Contact number:	
Designation:		Date:	

PATIENT DETAILS			
Surname:		DoB:	
Forename:		CHI:	
Address:		Postcode:	
		Tel. No.:	
Religion:		Marital status:	Please select from menu
Ethnicity:	Please select from menu	Is patient aware that referral is being made?	◯ Yes ◉ No
Current location of patient:			

IF REFERRING FROM HOSPITAL			
Hospital:		Ward:	
Consultant:		Tel. No.:	

NEXT OF KIN DETAILS			
Surname:		Address:	
Forename:			
Relationship to patient:		Postcode:	
Tel. No.:		Aware of referral:	

IMPORTANT - Completed referral forms should be submitted via secure nhs email
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GP DETAILS			
Name:		Address:	
Tel No.:			
Postcode:			
Aware of referral:			

SOCIAL SUPPORT			
Lives with:		DN in attendance?	◯ Yes ◉ No
DN Name:		DN Tel No:	
Care Package?		Details:	

MEDICAL INFORMATION			
Diagnosis:		Date of Diagnosis:	
Metastatic Disease:			
Treatment to date (surgery, chemotherapy, radiotherapy etc.):			
Patient's understanding of disease & prognosis:			
Mobility:		Housebound?	◯ Yes ◉ No
Personal care:		Continence:	
Past medical history:			
Current medication:			
Allergies:		Pacemaker?	◯ Yes ◉ No

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CURRENT ISSUES															
Please choose the severity of the following from 0 to 4; 1 being none and 4 being overwhelming															
Agitation	◉0	○1	○2	○3	○4	Spiritual/existential distress	◉0	○1	○2	○3	○4				
Nausea/vomiting	◉0	○1	○2	○3	○4	Patient distress/anxiety	◉0	○1	○2	○3	○4				
Dyspnoea	◉0	○1	○2	○3	○4	Family distress/anxiety	◉0	○1	○2	○3	○4				
Constipation	◉0	○1	○2	○3	○4	Confusion	◉0	○1	○2	○3	○4				
Ascites	◉0	○1	○2	○3	○4	Depression	◉0	○1	○2	○3	○4				
Distress due to care environment	◉0	○1	○2	○3	○4	End of life care (last 48 to 72 hours of life)	◉0	○1	○2	○3	○4				
Other (please specify)															
Pain (please give numerical scale rating)	No pain	◉1	○2	○3	○4	○5	○6	○7	○8	○9	○10	Severe Pain			

ADDITIONAL INFORMATION

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