REFERRAL FORM

St Margaret of Scotland Hospice

East Barns Street, Clydebank, G81 1EG
Telephone 0141 952 1141
Email: ggc.smh@nhs.scot Website: www.smh.org.uk

Degree of Urgency	**Non urgent admit within 2 weeks**	☐	**Semi-urgent admit within 1 week**	☐	**Urgent admit within 48 hours**	☐

Service Required

Admission to Specialist Palliative Care Ward:					
Symptom Control ☐		End of Life Care ☐		Both ☐	
Admission to Mary Aikenhead Centre providing Hospital Based Complex Clinical Care ☐ ***For Mary Aikenhead Centre referrals**, please email referral to smt@smh.org.uk*					
Consultant Led Outpatient Clinic	☐	Community Palliative Care Service	☐		
Edwina Bradley Day Hospice	☐	Bereavement Support	☐		

Patient Details

Surname		Forename		CHI	
Address					
Postcode		Telephone No		Mobile	
Date of Birth		Marital Status		Religion	

Next of Kin

Surname		Forename		Relationship	
Address					
Postcode		Telephone No		Mobile	

General Practitioner

Name			
Address			
Postcode		Telephone No	

If referring from Hospital

Consultant			
Hospital			
Ward		Telephone No	
Is GP aware of referral?		Yes ☐	No ☐
Is Hospital Palliative Care team involved with this patient?		Yes ☐	No ☐

Is the Patient:			**Does the Patient have:**		
Aware of referral	Yes ☐	No ☐	A pacemaker	Yes ☐	No ☐
Aware of diagnosis	Yes ☐	No ☐	An implant	Yes ☐	No ☐
Aware of prognosis	Yes ☐	No ☐	Any allergies	Yes ☐	No ☐
Does the patient have any infection which would require a single room?				Yes ☐	No ☐

Diagnosis		Date of Diagnosis	
If cancer, known metastases			
Histology			
Exact site of primary tumour			
Estimated prognosis	Days ☐	Weeks ☐	Months ☐

Hospital Treatment

Surgical	**Consultant**	**Hospital**	**Date**
Medical/Oncological	**Consultant**	**Hospital**	**Date**

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Other relevant medical history

Current Medications

Resuscitation Status		Adults with Incapacity	Yes ☐ No ☐
Preferred place of care			
Anticipatory Care Plan	Yes ☐ No ☐		

Reason for referral

Please select the severity of the following from 0 to 5. 0 being no symptoms, 1 being mild, 5 being overwhelming

Agitation	0 ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐	Depression	0 ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐
Nausea	0 ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐	Patient distress	0 ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐
Vomiting	0 ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐	Family distress	0 ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐
Dyspnoea	0 ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐	Spiritual/existential distress	0 ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐
Constipation	0 ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐	Distress due to care environment	0 ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐
Fatigue	0 ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐	End of life	Yes ☐ No ☐
Pain	No Pain 0 ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐ 6 ☐ 7 ☐ 8 ☐ 9 ☐ 10 ☐ Severe Pain		

Other symptoms/Information

Please provide any other relevant information

Form Completed by

Surname		Forename			
Address					
Signature		Designation		Date	

When a patient is being transferred between hospitals, a letter, case records and Kardex should always accompany the patient. When the patient is admitted from home, photocopies of key letters, list of current drug therapy, and discharge summaries should accompany the patient. Please follow the NHS MEL Guidelines 1997 on faxing confidential information.

Please return this form by email ggc.smh@nhs.scot
Or for Mary Aikenhead Centre referrals, please email this form to smt@smh.org.uk