The Rosemary Foundation Referral Form

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| PatientName:Address:Phone: |  | Urgency of referral:[ ]  URGENT within 24-48hrs due to: [ ]  Care in dying [ ]  Urgent ongoing symptom management [ ]  Support network fragile [ ]  Safeguarding concerns (add to summary)**URGENT REFERRALS NOT ACCEPTED** without **DNAR and JIC/PRN in place**Or:[ ]  Within 5 days For: [ ]  Background support[ ]  Within 10 days [ ]  Symptom management[ ]  Within 4 weeks for [ ]  Temp bridging for help with ADLs Introduction to service [ ]  Fragile support network [ ]  Volunteer visitor [ ]  Counselling service [ ]  Safeguarding (add to summary)  * Patient consented to referral

 and **aware TRF is an EOL service**: [ ]  Yes [ ]  No* Patient consented to sharing

of information: [ ]  Yes [ ]  No |
| DOB:NHS no: Pronoun: | [ ]  He [ ]  She [ ]  They |
| **Karnofsky score:**Likely prognosis: |  **%**[ ] Hours [ ]  Days [ ]  Weeks [ ]  Months |
| NOK:Relationship:Address:Phone: |  |
| Preferred place of care:[ ]  Home [ ]  Hospice [ ]  OtherPreferred place of death:[ ]  Home [ ]  Hospice [ ]  Other | DNACPR / Respect completed: JIC medication px: | [ ]  Yes[ ]  No; to be completed by:[ ]  Yes [ ]  No | PRN chart completed:CSCI chart completed: | [ ]  Yes [ ]  No[ ]  Yes [ ]  No |
| Diagnosis and stage:History of illness:Treatments:Main symptoms: | Relevant PMH including mental health, sepsis and infection risks:Allergies:History of substance abuse: [ ]  Yes [ ]  NoDetails: |
| Treatment Escalation plan: |
| Communication ability: Learning disability:Dementia:CHC FT status:POC details:Care agency:HCPs involved:District nursesMacMillanOther SPCT:Other: | [ ]  Y [ ]  N[ ]  Y [ ]  N[ ]  Y[ ]  Y[ ]  Y | Lives alone [ ]  Yes [ ]  No If yes: Are they vulnerable and why? Safeguarding concerns:If no, lives with:Mobility:Currently requiring care with:Who is currently supporting the patient and how?Safety issues for staff: |
| Summary of referral: |
| Referrer | Name: | Role: | Date of referral: |  |
| Place of work: | Contact details: |