Email: willen.hospice@nhs.net

In order to respond promptly with a referral we require access to GP digital records. Please confirm the patient has consented

to share: Yes/No

Has the patient consented to referral?

Other

Yes/No

If no, reason: Lacks capacity?

**Referral for (delete as appropriate):**

Willen at Home Team/Inpatient Care/Physiotherapy

Lymphoedema Clinic (See separate referral form, available online or SystmOne)

|  |
| --- |
| Is this a Re-Referral? Yes/NoIf Yes, please describe the patient’s current situation: |
| NHS Number: |
| Surname | First Names |
| D.O.B | Age |
| Address |
| Post Code | Tel No. |
| Current Location of Patient |
| GP Surgery | District Nurse details |
| GP Telephone No. |
| Consultant | Ethnic Origin |
| Any communication issues? Please list: |
| **First point of contact details if not the patient:** | **Referrer details:** |
| Name | Name |
| Address | Address |
| Post Code | Tel No. | Post Code | Tel No. |
| Relationship | Role/Designation |
| Disease Status |
| Diagnosis/history of illness |

Registered charity number 270194



|  |
| --- |
| Recent interventions initiated including any medication changes |
| Treatment to date |
| Vulnerabilities/Risks to be aware of in the community |
| Significant past and current issues |

For Hospital referrals please include recent correspondence, blood results and current list of medications.

Data Protection. Willen Hospice will hold the information you give on this form only to provide and/or improve our service to you. We will process your information in compliance with current data protection laws.

Willen Hospice, Milton Road, Willen Village, Milton Keynes, MK15 9AB

01908 663636 [www.willen-hospice.org.uk](http://www.willen-hospice.org.uk/) Registered charity number 270194

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