



Saint Catherine's

Caring for you at Hospice and Home

PATIENT REFERRAL FORM FOR SAINT CATHERINE'S WELLBEING CENTRE **Private and Confidential**

Please tick which Wellbeing Centre service you are referring to:

MDT clinic (Monday 9.30-12.30pm)

**Traditional full day attendance
(Wed/Thurs 10-3pm)**

Wellbeing Nurse Team

Social/wellbeing session (Mon 1-3.30pm)

Consultant

Education sessions

SPC* Physiotherapy

The shaded boxes only need to be completed

SPC* Social Work

*for patients attending the MDT clinic or
Full Day service*

Complementary Therapy

**Specialist Palliative Care*

Date of referral:

.....

How soon is this service
needed?

Within one week

Within two weeks

Within four weeks

PATIENT DETAILS

Name:..... Preferred name:.....

D.O.B:..... NHS No:..... Postcode:..... Tel:.....

Address:.....

Current Location: Home Hospital If hospital, ward:.....

Patient consent to referral Relevant family aware of referral Lives alone Yes No

REFERRING PERSON

Name:..... Designation:.....

Phone:..... Address:.....

Has the patient consented to share information on their electronic record with the SPC* service?

NEXT OF KIN/MAIN CARER

Name:..... Relationship:..... Phone:.....

Address:..... LPA Personal welfare & Health

GP aware of referral GP name:..... Practice address:.....

PRIMARY PALLIATIVE DIAGNOSIS (include details and dates):

.....
.....
.....

Please attach supporting information (e.g. clinic letters, medication list)

Reason for referral

.....
.....
.....
.....
.....

Patient is: Stable Unstable Deteriorating Dying

Other medical history:

.....

Allergies:.....

Patient Name:..... NHS Number:.....

Patient and family understanding of disease/prognosis:

What does the patient and/or family wish to achieve through attendance at the Wellbeing Centre?

PROFESSIONALS INVOLVED

Professional	Name	Location and tel
Consultant		
Specialist Nurse		
Other		

Contact Issues (share any information regarding contacting patient, access to property and lone worker risk)

Barriers to communication e.g. hearing loss, confusion:

Is there concern about this patient having the mental capacity for complex decision making? Yes No

Is there an active safeguarding concern with this patient? Yes No If yes please notify Safeguarding Concerns Manager

On Oxygen therapy? Yes No Cylinder/Concentrator Oxygen prescription:.....

Patient has: DNACPR PaCall ACP

MOBILITY

How does the patient mobilise? (including walking aids and wheelchair use).....

Can the patient get in/out of their house independently? Yes No

Patients are eligible to attend the Wellbeing Centre if they meet Saint Catherine's general referral criteria:

1. The person has progressive, incurable, and advanced disease and the focus of care is on quality of life.
2. The person has a need that cannot be met by any other available service.

All patients attending the Wellbeing Centre require a referral.

Patients can be directly referred to one or more disciplines via the MDT clinic, but please note that the clinic aims to offer Specialist Care input and does replace input from primary health care teams eg. Community physiotherapy.

Referrals to the full day service will be prioritised according to need. Patients will be invited to attend for 8 sessions after which they will be discharged. Attendance may be extended at the discretion of the Wellbeing MDT, where there is an identified need.

Referrals made to the Education and Social/Wellbeing afternoon will remain open whilst the patient remains eligible, allowing them to drop-in to either or both service as they wish. Carers of eligible patients, are also able to attend the education and Social/Wellbeing sessions. Carers do not require a separate referral.

Most of the patient and carer education sessions can be accessed on a drop-in basis but some are bookable in advance. Please see Saint Catherine's website for further information.

Please see 'Saint Catherine's Wellbeing Centre Information for Patients and Carers' Leaflet for more information on the individual services