At Trinity Hospice, we appreciate that referring a patient to our services may take some time. Our current referral forms at [**www.trinityhospice.co.uk/referrals**](http://www.trinityhospice.co.uk/referrals) do not allow you to start a referral form and save it to come back to later.

To help you to refer a new patient to our Living Well Service, below are the information fields that may need to be populated for your patient. Please use this template to write accurate information which can be copied into the appropriate space on our online form when you have time.

**Please note, this template does not ask for information about you as a referrer or your patient. These will, however, be required when completing the online form.**

**To comply with GDPR, do not include any patient sensitive or personal data on this form and do not email this form as an alternative to completing the online referral.**

**ALL referrals must come through** [**www.trinityhospice.co.uk/referrals**](http://www.trinityhospice.co.uk/referrals)

If you feel there is an **urgent** need for our input, please call us on 01253 952566 for advice and guidance.

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| --- |
| **If there are any lone worker of safeguarding risks concerning this patient, please detail them here:** |
|  |
| **Please detail any Advanced Care Planning Conversations:** |
|  |
| **If the patient is receiving chemotherapy, please provide details:** |
|  |
| **If the patient is receiving radiotherapy, please provide details:** |
|  |
| **Please detail any known current infections:** |
|  |
| **Other than the patient’s main diagnosis, please detail other relevant diagnoses/comorbidities:** |
|  |
| **Please provide a summary of the patient’s current condition and treatments:** |
|  |
| **What is the main reason for this referral?** |
|  |
| **Please detail important information regarding disability or communication issues which we should be aware of:** (eg. functional impairment, mental health, cognitive impairment and mental capacity) |
|  |
| **Please detail any relevant information about social support/situation, spirituality, faith or cultural needs:** |
|  |
| **Please add any further information of relevance here: (eg. what interventions are in place/have been tried)** |
|  |
| **If there are any other health care professionals involved in this patient’s care, please list them with contact details:** (eg. district nurse, community matron, physiotherapist) |

Please [**click here**](https://www.trinityhospice.co.uk/our-services/how-to-access-our-services/referrals-information/living-well-referrals/) to access the online referral form for Trinity Hospice’s Living Well Service.