



St Michael's
Hospice

NHS
Hampshire Hospitals
NHS Foundation Trust

Working in partnership to provide palliative care services across North Hampshire.

North Hampshire Palliative Care Service Referral Form

Please email: smhadmin@hhft.nhs.uk

If you would like to discuss further, please phone the relevant part of service:

Community Palliative Care Team – Tel: 01256 848863

St. Michael's Hospice – Tel: 01256 848863

PATIENT DETAILS

Surname: DOB:
First Name: Known as:
Address:
.....
Telephone No: Mobile No:
Sex: Male / Female Lives alone: YES / NO Patient aware of referral: YES /

NEXT OF KIN / MAIN CARER DETAILS (if different)

Surname:
First Name:
Relationship:
Address:
.....
Tel No: Mobile No:

GENERAL PRACTITIONER

Name Dr:
Surgery:
Telephone No:
GP aware of referral: YES / NO

CURRENT LOCATION OF PATIENT (please tick)

Home Other

REFERRER DETAILS

Name:
Title:
Department:
Telephone No:

PERCEPTION OF DISEASE / PROGNOSIS

Patient:
.....
Family:
.....

Referrals must include:

Detailed reason for referral e.g. Symptom control / Psychological Support / Ethical decision making / Advance care planning

- Working diagnosis

PLEASE TICK IDEAL RESPONSE TIME

Urgent (Please discuss by phone – 01256 848863) Non-urgent