

## LEWIS-MANNING DAY HOSPICE REFERRAL FORM

Date of Referral: .....

### ELIGIBILITY CRITERIA FOR DAY HOSPICE AND REFERRAL INFORMATION

Lewis-Manning Day Hospice is a small friendly unit that caters for people who are over the age of 18 years, living with a life limiting disease, such as Cancer, Neurological conditions such as Motor Neurone Disease, Multiple Sclerosis, Progressive Supranuclear Palsy and Parkinsons Disease. Some of our patients also suffer from specific lung conditions. We are not a specialist unit for people with dementia.

We are able to offer a 3 month programme for patients with an expectation that individuals can be re-referred back to us after a 3 – 4 month break. Patients usually attend the same day each week. Day Hospice is open from 10am to 3pm. There is an activity coordinator available on most days.

Referring Health Care Professionals should try and complete as many sections as possible. If any sections are incomplete we may need to contact you. **Please write clearly.** We accept patients from all the around Poole area.

We reserve the right not to accept a patient onto a programme if we do not think they are suitable for our facility. If you are unsure, please phone **01202 492608** and speak with the Day Hospice Team Leader or their Deputy.

Please note, Lewis-Manning Hospice is strictly a **NO SMOKING SITE**

**Post to:** Nursing Staff, Lewis-Manning Hospice, 1 Crichel Mount Road, Lilliput, Poole, Dorset, BH14 8LT

**Fax to:** 01202 672660

**Telephone:** 01202 492608

Alternatively, please **email** referral forms to [admissions.lewis-manning@nhs.net](mailto:admissions.lewis-manning@nhs.net)

**This referral form can be downloaded from the website: [www.lewis-manning.co.uk](http://www.lewis-manning.co.uk)**

### 1. ESSENTIAL PATIENT INFORMATION

Patient's Name	Patient Address with Post Code	Telephone Number:
		<b>Mobile Number:</b>
	<b>NHS Number:</b>	<b>Patient aware of referral:</b> Yes <input type="checkbox"/> No <input type="checkbox"/>

### 2. PATIENT'S GP (Address and telephone number)

GP aware of referral Yes  No

### 3. MAIN CARER:



• Allergies/Dietary Needs

• Pacemaker                      Yes     No

• Known infections

• Relevant Family/Social History

**8. IS THE PATIENT AWARE THEY ARE BEING REFERRED?**

**9. REASON FOR REFERRAL TO LEWIS-MANNING HOSPICE**

**10. THIS SECTION MUST BE COMPLETED BY REFERRER**

Does Patient have: Advance Decision (previously known as Living Will)                      Yes     No

                                 Advance Statement                      Yes     No

                                 Resuscitation Status                      Please specify .....

                                 Preferred choices at end of life, if known    Please specify .....

**11. The following information is required for the health and safety of the Patient, Lewis-Manning Staff and Volunteers, prior to a Patient attending an initial assessment at the Day Hospice**

**Transport**

1. Will Patient need Volunteer Transport for first Assessment Visit to Lewis-Manning Hospice?

Yes  No

2. Is Patient independently mobile?

Yes  No

If No, please give details of assistance required and aids used: .....

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

3. If Yes, please tick section below:

Deafness  Visual impairment  Confusion/memory problems   
Balance problems  Co-ordination/spasm/paralysis  Pain on movement   
Oedema  Anxiety  Obesity  Breathlessness

Access to Lewis-Manning is via 3 steps or 10 metre slope to front door

Is Patient able to manage steps Yes  No  Independent Yes  No   
Is Patient able to manage slope Yes  No  Independent Yes  No   
Level walking distance manageable 10 metre minimum Independent Yes  No

**TO BE COMPLETED FOR ALL PATIENTS PLEASE**

**Physical/Nursing Care**

Elimination needs? Independent Yes  No   
If no, details of assistance required .....

Catheter/Colostomy Yes  No   
If yes, details of any assistance required .....

Details of any wounds that may require treatment .....

Special dietary requirements Please specify .....

Other .....

Medication Assistance? Eye drops, etc: .....