



Lewis-Manning Trust
time to care

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 able to offer 16 week programmes 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. Occasionally our day hospice patients are offered an overnight stay.

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.

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

Fax to: 01202 672660

Telephone: 01202 492608

This referral form can be downloaded from the website: www.lewis-manning.co.uk

1. ESSENTIAL PATIENT INFORMATION

Patient's Name	Patient's Address with Post Code	Telephone Number
		Mobile Number
Date of Birth:	NHS/Hospital Number (if available)	Patient aware of referral: 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:

Name & relationship to patient	Contact Address	Contact Number

4. REFERRED BY

Name and position	Contact address and number	Signature & Date
Key Contact/Liaison Health Professional		

5. CURRENT HOSPITAL CONSULTANT(S)

6. OTHERS INVOLVED

(name and phone number where possible)

- **District Nurses**
- **Specialist Nurses / Community Matron**
- **Allied Health Professional**

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 to hospice? Yes No Type (please circle) ambulance / car

2. Is Patient independently mobile? Yes No Balance problems? Yes No

Co-ordination/spasm/paralysis? Yes No

Please give details of assistance required and aids used:

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3. Please tick categories that are relevant to patient and complete brief description of problems

Deafness

Visual impairment

Confusion/memory problems

Pain

Anxiety

Obesity Weight if known

Breathlessness

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

Please list any other relevant problems that may affect the patient:

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Access to Lewis-Manning ‘

Day Hospice is situated on the first floor of the hospice. There is a lift available for visitors and patients. There is a small car parking area if the patient is able to drive themselves. Reception is open from 9am to 4.30pm so if your patient requires assistance please do not hesitate to ask. Wheel chairs are also available if the patient does not feel confident to walk up to the unit.