LEWIS-MANNING HOSPICE CARE
BETTER BREATHING CLINIC REFERRAL FORM

For patients with malignant and chronic lung conditions

Please fill out this form and EMAIL or POST to Lewis-Manning Hospice Care.

Post to: Better Breathing Clinic, Lewis-Manning Hospice, 1 Crichel Mount Road, Poole, BH14 8LT
Tel: 01202 708470
Email: referral forms to admissions.lewismanning@nhs.net

Please attach copies of reports and relevant clinic letters, as LMH does not have direct access to EPR or similar electronic systems.

1. ESSENTIAL PATIENT INFORMATION

Patient's Name or Addressograph	Patient's Address with Post Code	Telephone Number
		Date of Birth
Hospital No:		**Patient aware of referral** Yes ☐ No ☐
Next of Kin Name & relationship		**Next of Kin Contact Number**

2. REFERRED BY

Name and position	Contact number	Signature & Date

3. COMMUNITY KEY WORKER (If different from above)
Name and Position

4. PATIENT'S GP AND SURGERY

Telephone No:

GP aware of referral Yes ☐ No ☐

5. OTHERS INVOLVED (name and phone number where possible)

- **Hospital Consultant(s)**
- **Other Professionals involved**

5. DIAGNOSIS

Level, if known, eg. Lung cancer staging.COPD classification. For patients with COPD, we can only accept patients with severe or very severe disease

Patient Aware Yes ☐ No ☐
Relatives aware Yes ☐ No ☐

Date of Diagnosis

Other underlying pathology

Details of relevant treatment with dates

Medication

Oxygen Use – see overleaf

Dates of investigations and tests with results

Reason for Referral
Other comments

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		
Level of Breathlessness		
1	Not troubled by breathlessness except on strenuous exercise	□
2	Short of breath when hurrying or walking up a slight hill	□
3	Walks slower than contemporaries on the level because of breathlessness, or has to stop for breath when walking at own pace	□
4	Stops for breath after about 100 m or after a few minutes on the level	□
5	Too breathless to leave the house, or breathless when dressing or undressing	□
Reference: Medical Research Council dyspnoea scale for grading the degree of a patient's breathlessness		

Oxygen Use

Does the Patient need to bring in portable oxygen? Yes □ No □
(will required sufficient oxygen for up to 2 hours)

Please enclose a copy of the latest HOOF Form with this referral or oxygen assessment report

Details of any disability: . . . . . .

Details of walking aids used/needed: . . . . . .

Deafness □ Visual Impairment □ Confusion/memory problems □
Balance problems □ Co-ordination/spasm/paralysis □ Pain on movement □
Oedema □ Anxiety □

Level walking distance manageable
10 metres minimum Yes □ No □ Independent Yes □ No □

The clinic is on the First Floor, therefore the Patient needs to be able to manage stairs or a lift □