**Keech Hospice Referral Form – Children’s Services**

|  |  |  |
| --- | --- | --- |
| Type of Referral | Urgent[ ]  | Routine[ ]  |

**Please contact Keech Hospice immediately on 01582 497871 if you have ticked the urgent referral box above.**

Please complete this form in **BLOCK CAPITALS** and return to the address stated together with up-to-date clinic letters and any other relevant information.

**Child’s details**

|  |  |
| --- | --- |
| Surname: Click or tap here to enter text. | Forename(s): Click or tap here to enter text. |
| Known as: Click or tap here to enter text. | Date of birth: Click or tap here to enter text. |
| Gender: Male[ ]  Female[ ]  | NHS Number: Click or tap here to enter text. |
| Ethnic Group: Click or tap here to enter text. | Religion: Click or tap here to enter text. |
| Main language(s): Click or tap here to enter text. | Interpreter required? Yes[ ]  No[ ]  |
| Home address: Click or tap here to enter text. |
| Postcode: Click or tap here to enter text. | Home telephone number: Click or tap here to enter text. |
| Email: Click or tap here to enter text. |
| Additional telephone numbers: Click or tap here to enter text. |
| School/nursery: Click or tap here to enter text. | Is the child subject to a Child Protection Plan? Yes[ ]  No[ ]  |

**Primary Diagnosis**

|  |
| --- |
| Click or tap here to enter text. |

|  |
| --- |
| Date of diagnosis: Click or tap here to enter text. |
| Date of recognition of life-limited/life-threatening condition: Click or tap here to enter text. |
| Does the child have an advance care plan?  | Yes[ ]  | No[ ]  |

|  |  |  |
| --- | --- | --- |
| Has resuscitation been discussed with the child/family?  | Yes[ ]   | No[ ]  |

|  |
| --- |
| What was the outcome? Click or tap here to enter text.  |

|  |  |  |
| --- | --- | --- |
| Parental consent for referral obtained? | Yes[ ]  | No[ ]  |

|  |  |  |
| --- | --- | --- |
| Parental consent given to gain and share information with other professionals?  | Yes[ ]   | No[ ]  |

**Family details**

**Mother/carer**

|  |  |
| --- | --- |
| Name: Click or tap here to enter text. | Relationship to child: Click or tap here to enter text. |
| Home address: Click or tap here to enter text. |
| Postcode: Click or tap here to enter text. | Date of birth: Click or tap here to enter text. |
| Gender: Male[ ]  Female[ ]  | Ethnic Group: Click or tap here to enter text. |
| Religion: Click or tap here to enter text. | Main language(s): Click or tap here to enter text. |
| Interpreter required? Yes[ ]  No[ ]  | Do they read English? Yes[ ]  No[ ]  |

**Father/carer**

|  |  |
| --- | --- |
| Name: Click or tap here to enter text. | Relationship to child: Click or tap here to enter text. |
| Home address: Click or tap here to enter text. |
| Postcode: Click or tap here to enter text. | Date of birth: Click or tap here to enter text. |
| Gender: Male[ ]  Female[ ]  | Ethnic Group: Click or tap here to enter text. |
| Religion: Click or tap here to enter text. | Main language(s): Click or tap here to enter text. |
| Interpreter required? Yes[ ]  No[ ]  | Do they read English? Yes[ ]  No[ ]  |

**Siblings**

|  |
| --- |
| Name: Click or tap here to enter text. |
| Date of birth: Click or tap here to enter text. | Gender: Male[ ]  Female[ ]  |

|  |
| --- |
| Name: Click or tap here to enter text. |
| Date of birth: Click or tap here to enter text. | Gender: Male[ ]  Female[ ]  |

|  |
| --- |
| Name: Click or tap here to enter text. |
| Date of birth: Click or tap here to enter text. | Gender: Male[ ]  Female[ ]  |

|  |
| --- |
| Name: Click or tap here to enter text. |
| Date of birth: Click or tap here to enter text. | Gender: Male[ ]  Female[ ]  |

**Professionals’ details**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Who | Name | Address | Telephone number | Email |
| GP | Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. |
| Consultant 1 | Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. |
| Consultant 2 | Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. |
| Social worker | Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. |
| Health visitor | Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. |
| Community nurse | Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. |
| Physiotherapist | Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. |
| Occupational therapist | Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. |
| Local hospital | Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. |

**Relevant medical history**

|  |
| --- |
| Click or tap here to enter text. |

**Relevant social history**

|  |
| --- |
| Click or tap here to enter text. |

**Any other/further relevant information?**

|  |
| --- |
| Click or tap here to enter text. |

**Reason for referral (e.g. end-of-life care, symptom management etc)**

|  |
| --- |
| Click or tap here to enter text. |

**Referrer’s details**

|  |  |
| --- | --- |
| Name: Click or tap here to enter text. | Relationship to child: Click or tap here to enter text. |
| Address: Click or tap here to enter text. |
| Postcode: Click or tap here to enter text. | Email: Click or tap here to enter text. |
| Date of referral: Click or tap here to enter text. |

Please return this form to:

Email: **keech.child.referral@nhs.net**

Post: **Keech Community Team, Keech Hospice, Great Bramingham Lane, Streatley, Luton LU3 3NT**

Please call CIPU on **01582 497871** to check the referral has been received.

**For official use only**

|  |
| --- |
| Date received: Click or tap here to enter text. |