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| Patient Forename:  Patient Surname:  Title:  Address:  Postcode:  Contact Number(s):  Email Address: | Date of Birth:  NHS Number:  Gender:  Ethnicity:  DNACPR:  GP Surgery: | |
| **Next of Kin:** Please complete in full.  Full Name: Contact Number(s):  Relationship: Address: | | |
| **Main Palliative Diagnosis:** | **Phase of Illness:** (Please select)  **Stable:** Problems and symptoms are adequately controlled by established plan of care, family/carers situation is relatively stable, and no new issues are apparent.  **Unstable:** An urgent change in the plan of care is required because the patient experiences a new problem, or the patient experiences a rapid increase in the severity of a current problem.  **Deteriorating:** Patient’s overall functional status is declining, and the patient experiences a worsening of existing problem(s) and/or new, but anticipated problem.  **Dying:** Death is likely within days | |
| **Allergies:** |
| **Problems / Concerns:** | | |
| 1. | 3. | |
| 2. | 4. | |
| Have any risks or barriers to communication been identified regarding this patient or their home:  Yes  No  If yes, please detail: | | |
| **Referrer Name:**  **Job Title / Role:** | | **Location / Based:**  **Contact Number:** |
| PLEASE TURN OVER TO SELECT SERVICE REQUIRED | | |

**Does the Patient consent to ellenor Palliative Care Involvement?**

Please note: We are unable to make contact without consent.

Yes – Patient has consented  Yes - Patient lacks capacity (Family consented / Patients best interest)

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| **Please select the service required for the Patient / Service User:**  **Clinical Services:**  **Inpatient Ward:** For patients reaching the end of life or require support with symptom control that cannot be managed at home or crisis admission due to carer breakdown. We are able to consider, dependant on bed availability, referrals for respite care and planned respite care for patients already known to ellenor.  **Hospice at Home –** Enables patients to receive specialist care and support in familiar surroundings in their own home. The Team can offer support with Advance Care Planning and Symptom Management etc.  **Care Home Support** – Offers support, guidance, and training to Care Home staff to enable residents to die in comfort and with dignity in familiar surroundings.  **Therapeutic Services:**  *\*Bereavement Support can also be offered through the below services\**  **One-to-One Counselling Support:** Counselling takes place over 12 sessions (consecutive weeks with set appointment times), which can be conducted face-to-face, over the telephone, or via Zoom. Counselling offers a safe and non-judgemental space to explore and find ways of coping with difficult thoughts, feelings and experiences (This includes bereavement counselling)  **Family Support:** Our Family Support Workers provide bespoke emotional and psychological support to our patients and their families during sensitive and difficult times, via telephone or face-to-face (This includes support for carers and bereavement support for families)  (\*Must have a link to a Patient currently under an ellenor service\*)  **Wellbeing Services:**  **Therapeutic Activity Groups –** Provides a range of activities that a promote function, independence, and participation in valued activities, leading to a sense of accomplishment, fulfilment, and empowerment.  **Physiotherapy –** Our Physiotherapists use a range of treatments and exercises to improve or maintain physical function, improve quality of life, and support patients living their lives to the full by maximising independence (Including breathlessness management)  **Occupational Therapy –** Provides practical support that is focussed on a Patients wellbeing and their ability to participate in activities [or “occupations”] that matter to them.  **Complementary Therapy –** Our Complementary Therapy Team helps to promote feelings of relaxation and wellbeing and help with emotional and physical symptoms. This includes Massage, Aromatherapy, Reflexology and Reiki. (\*Patient must be under any of our clinical services or Therapeutic Activity Groups to be referred for this – Excludes Mindfulness & Relaxation online groups\*)  **Financial Support –** Provide advice on applying for and entitlement to benefits (e.g. Attendance Allowance, Personal independence Payments etc) (\*Patient must be under any of our clinical services or Therapeutic Activity Groups to be referred for this\*) |