Nightingale House Hospice
Chester Road, Wrexham, LL11 2SJ
TEL: 01978 316806 (9am-4pm) If after hours TEL 01978 316800
EMAIL TO: NightingaleHouseReferrals@wales.nhs.uk

SELF DIRECT REFERRAL FORM

To complete electronically click on Fill & Sign right of screen

Patient's Name:	
Home Address: **Post Code:**	

Telephone Number:	**Mobile Number:**
Date of Birth:	**Gender:**
Current Location:	**Lives Alone:** Yes ☐ No ☐

Main Carer:	**Relationship:**
Carer's Address: **Postcode:**	
Telephone Number:	**Mobile Number:**

Diagnosis:
Reason for Referral:

For Office Use Date and time received/referred by: Date and time first contact:
Outcome:

Please note: The hospice cannot guarantee the security of email correspondence. This could mean that others may read it or it may become lost or deliberately intercepted.