

## Nightingale House Hospice Self Referral Form



Nightingale House Hospice  
Hospis Tŷ'r Eos

Please provide as much detail as possible.

Completed forms can be emailed to [nightingalehousereferrals@wales.nhs.uk](mailto:nightingalehousereferrals@wales.nhs.uk)

**Urgent referrals/ advice** please contact **01978 316806** (Mon-Fri 8:30am-4:30pm) or **01978 316800** (out of hours)

PATIENT INFORMATION			
Patient Name			
Date of Birth		NHS Number (if known)	
Home Address inc. Postcode			
Telephone Number		Mobile Number	
GP Surgery Address & Contact Number			
Patient / Family expectations of referral			
Patient's Current Location	<input type="checkbox"/> Home <input type="checkbox"/> Wrexham Maelor <input type="checkbox"/> Ward location if known: Ward location <input type="checkbox"/> Other hospital, please state: Enter other location		
Patient Diagnosis			
REFERRAL CONSENT			
Has the patient consented to the referral being made?		<input type="checkbox"/> Yes <input type="checkbox"/> No	
Has the patient consented to access medical records and to speak to other health care professionals?		<input type="checkbox"/> Yes <input type="checkbox"/> No	
REFERRER CONTACT DETAILS			
Contact Name		Relationship to Patient	
Telephone Number		Email address	
Date Completed		Signed	