**Nightingale House Hospice Self Referral Form**

Please provide as much detail as possible.

Completed forms can be emailed to 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**  | [ ]  Home [ ]  Wrexham Maelor [ ]  Ward location if known: Ward location [ ]  Other hospital, please state: Enter other location  |
| **Patient Diagnosis** |  |
| **REFERRAL CONSENT** |
| **Has the patient consented to the referral being made?** | [ ]  Yes [ ]  No  |
| **Has the patient consented to access medical records and to speak to other health care professionals?** | [ ]  Yes [ ]  No  |
| **REFERRER CONTACT DETAILS** |
| **Contact Name** |  | **Relationship to Patient** |  |
| **Telephone Number** |  | **Email Address** |  |
| **Date Completed** |  | **Signed** |  |