

REFERRAL FOR SPECIALIST PALLIATIVE CARE OT & PHYSIO SERVICES

PLEASE COMPLETE ALL SECTIONS AS INSUFFICIENT INFORMATION WILL LEAD TO THE FORM BEING RETURNED TO THE REFERRER

UPON COMPLETION EMAIL TO [BOH-TR.SPCTherapyTeam@nhs.net]		
Patient's Name:	D.O.B.	
NHS No:		
Address: (inc. postcode)	Carer's Contact details:	
Tele No:		
G.P Practice:	Consultant:	
Date of diagnosis/Treatment/Relevant Medical History :		
Reason for OT and / or Physiotherapy referral (please consider criteria overleaf):		
** Is the patient aware they have been referred to Specialist Palliative Care Therapy Services?		
YES <input type="checkbox"/> NO <input type="checkbox"/>		
Which criteria do you feel this patient fits into (please consider criteria overleaf):		
1 <input type="checkbox"/> Please phone to discuss if urgent referral 2 <input type="checkbox"/> 3 <input type="checkbox"/>		
Equipment in situ:	Is Patient on GSF? Yes / No	DNA CPR in place Yes / No
Other services involved		
Macmillan <input type="checkbox"/> Name:	District Nurse Team <input type="checkbox"/> Base:	Hospital Clinic Dr Downes <input type="checkbox"/> or Dr Morgan <input type="checkbox"/>
Hospice Out Patients <input type="checkbox"/> Date: Click here to enter a date.	Hospice Day Therapy. <input type="checkbox"/> Day attending:	
Referred by:	Date of referral	Click here to enter a date.
Designation:	Base	
Signature (if printed)	Referrer's contact telephone number:	
For office use only		
ID Number:	PT <input type="checkbox"/>	OT <input type="checkbox"/> P 1 2 3
Print Name:	Time & Date:	
PLEASE SEE OVERLEAF FOR REFERRAL CRITERIA		

REFERRAL FOR SPECIALIST PALLIATIVE CARE OT & PHYSIO SERVICES

REFERRAL CRITERIA

Eligibility Criteria for specialist Palliative Care OT & Physio Services

Patients with active, progressive, rapidly changing, advanced disease with a limited prognosis. (e.g. last 12 months of life – North West End of Life Care model, on Gold Standards Framework, palliative diagnosis)

They have **complex symptoms**, therapy needs, psychological/emotional issues or social/family **issues directly related to their palliative illness**.

If you are unsure whether the patient is eligible for our service this can be discussed with a member of the team prior to referral.

We aim to maximise a patient's rehab potential while coping with complex symptom management including pain, sleep, fatigue, breathlessness, cognition, psychological distress, repeated hospital admissions and advanced care planning particularly in relation to function and reducing carer burden.

Criteria 1 – urgent assessment requested

Needing urgent respiratory assessment
Recent falls - please state date and cause if known
Unable to access appropriate toilet facilities
At high risk of falling with known bone metastases
Patients at high risk of developing spinal cord compression
Deteriorating daily /end of life **therapy** needs

**Please
phone to
discuss any
urgent
referrals**

Criteria 2

General mobility and transfer problems
Confirmed spinal cord compression and have received treatment
Difficulties with activities of daily living, meals, live on own
All Hospice ward patients not covered by Priority 1
Breathlessness management
Provision of TENS for pain / nausea relief
Hospital discharge follow up (including those on fast track continuing healthcare)

Criteria 3

Bathing assessment
Anxiety management
Fatigue management
Access assessment & outdoor mobility
Musculoskeletal condition along side palliative condition
Support to maintain functional activities and on going monitor for deterioration

Palliative Care Rehabilitation Team

Bolton Hospice

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