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| **Logo** | **Marie Curie Talk about it**  **Client Referral**  | **Client Reference:**……………………..**Date ………………** |

This form will be completed for each client referral taken for the service. Once all of the information captured is inputted onto the database, this form ***must*** be shredded.

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| **1. Service criteria – does the client being referred meet the service criteria?** |
| *(please tick accordingly)* | **YES** | **NO** |
| **Are they aged over 18?** |  | [ ]  | [ ]  |
| **Do they have a life limiting condition?**  |  | [ ]  | [ ]  |
| **The person is well and would like to know more about ACP**  |  |  |  |
| **Primary Diagnosis.**  |  |  |

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| **2. Referrer’s details**  |
| *(Complete details of contact who made the referral)* | **YES** | **NO** |
| **Professional referral**  |  | [ ]  | [ ]  |
| **Self-referral** *(including referrals from a carer/family/friend)* |  | [ ]  | [ ]  |
| **Title**  | Mr [ ]  Mrs [ ]  Miss [ ]  Ms [ ]  Dr [ ]  Other …………………….. |
| **Name** |  |
| **Address****Private home** **Care home** **Hospital** **GP** **Family member**  |  |
| **Post code**  |  |
| **Tel no** |  |
| **Email** |  |
| **Organisation** *(professional referrals only)* |  |
| **Job title** *(professional referrals only)* | **………………………………** |
| **Relationship to client** *(self-referrals only)* | Spouse Sibling  | [ ]  [ ]  | ChildPartner  | [ ]  [ ]  | Neighbour/friendFamily | [ ] [ ]  |

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| **3. Client details**  |
| *(If self-referral and details of client are above then please state this)* |
| **Title**  | Mr [ ]  Mrs [ ]  Miss [ ]  Ms [ ]  Dr [ ]  Other …………. |
| **Name** |  |
| **Prefers to be called** |  |
| **Address inc. postcode** |  |
| **DOB**  |  |
| **Tel no**  |  |
| **Email** |  |
|  | **YES** | **NO** |
| **Is client happy for information about the service to be sent to this email account?**  | [ ]  | [ ]  |
| **GP surgery**  |  |  |
| **NHS no**  |
| **4 What’s prompted this referral.**  |
|  |  |  |  |
| **5. Consent**  |
|  | **YES** | **NO** |
| **Permission to refer, consent by Telephone** | [ ]  | [ ]  |
| **Is the client aware this referral has been made?** | [ ]  | [ ]  |
| **Consent given by Client** | [ ]  | [ ]  |
| **6. What is important for the client at the moment?**  |
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| **7. Additional notes**  |
| Is there anything about the client’s illness or anything significant you think we should know about e.g. Communication needs (hearing, speech, preferred language), learning difficulties.  |