

AD number:
TCD number:



## Referral Form

**Please note that referrals cannot be processed without the essential information marked with \***

### Child's details

*First name		*Surname	
Known as		*Date of birth	
*Gender		Religion	
*NHS number		*Tel number	
Email			
*Address			
*Postcode			

\*Diagnosis and likely prognosis:

Discussions held with parents/guardians/young person regarding diagnosis and prognosis

Yes  / No

**Brief Medical History:** Please provide a summary of clinical care over the last 12 months including changes in symptoms and any interventions

Have the family engaged in Advance Care Plan conversations? Yes  No

Does child/young person have an Advance Care Plan in place Yes  No

### \*Referrer (Health Care Professional / Parent / Guardian)

Name		Relationship to Child	
Email		Date	
Tel number		Signature	

### \*Permission from Parent / Guardian / Young person

Please tick to confirm that verbal consent has been obtained from parent, guardian or young person

**Permission must be obtained to prior to making a referral**

**\*Ethnic group (of child / young person)**

<b>White</b> White: British <input type="checkbox"/> White: Irish <input type="checkbox"/> White: Any Other White <input type="checkbox"/>	<b>Asian / Asian British</b> Indian <input type="checkbox"/> Pakistani <input type="checkbox"/> Bangladeshi <input type="checkbox"/> Chinese <input type="checkbox"/> Other Asian <input type="checkbox"/>	<b>Black / African / Caribbean / Black British</b> Black or Black British: African <input type="checkbox"/> Black or Black British: Caribbean <input type="checkbox"/> Black or Black British: Other Black <input type="checkbox"/>  <b>Mixed / Multiple Ethnic Groups</b> Mixed: White and Asian <input type="checkbox"/> Mixed: White and Black African <input type="checkbox"/> Mixed: White and Black Caribbean <input type="checkbox"/> Mixed: Other Mixed <input type="checkbox"/>	<b>Other:</b> <input type="checkbox"/> _____
---	---	---	---

**\*Family details**

Next of kin 1 name		Next of kin 2 name	
Relationship to child		Relationship to child	
Marital status		Marital status	
Address		Address	
Postcode		Postcode	
Tel number		Tel number	
Main language		Main language	
Interpreter required		Interpreter required	
Ethnic group		Ethnic group	
Religion		Religion	
<b>Legal guardian / parental carer responsibility (if not parents)</b> Name and address:   Tel number:			

**Siblings**

Name	Gender	Date of birth	Same address?

**Details of any child protection / child in need plan**

**\*Are there any reasons why a home visit by a lone worker should not be undertaken?**

Yes  No

## Professionals involved with child / young person

### \*General practitioner

Name		Telephone	
Address		Email	

### \*Consultants (Please give the details of at least one consultant involved in the child's care)

Consultant name	Hospital	Tel number	Email

### Community team

Team	Address	Tel number	Email

### Support Package in Place (Continuing health / social / private)

Team	Hrs of Care p/week	Tel number	Email

### Other (e.g. Health visitor / Social worker / Physio / Dietician)

Name	Job role	Address	Tel number	Email

### School / Nursery

Name	Address	Tel number

**Details of any other charities or organisations involved with the child/young person/family**

**Any further information?**

**For Alexander Devine Children's Hospice Service use:**

Source of referral: \_\_\_\_\_

Reason for referral: EOL care / Respite / Symptom management / Post bereavement care inc Dolphin Suite

Date referral received: \_\_\_\_\_

Date referral processed (letters sent): \_\_\_\_\_

Date taken to clinical committee: \_\_\_\_\_

Accept  / Decline  / Seek further information

ICD 10 code: \_\_\_\_\_

ACT category: \_\_\_\_\_

Spectrum of Colours at Acceptance:



Snowball Hill  
Maidenhead  
Berkshire  
SL6 3LU  
T: 01628 822777  
E: care@alexanderdevine.org

[www.alexanderdevine.org](http://www.alexanderdevine.org)



Alexander Devine Children's Hospice Service is the operating name of Alexander Devine Children's Cancer Trust.  
Company No: 5757493. Registered Charity No: 1118947

