



JIGSAW, CUMBRIA'S CHILDREN'S HOSPICE

Durdar Road, Carlisle, CA2 4SD

REFERRAL FORM

Date of Referral:			
<i>Patient's Details</i>			
Name:		Date of Birth:	Gender:
Ethnic Group:		Religion:	Main Language:
Address:		Telephone Numbers:	
School Address:			

<i>Family Details</i>		
Mother		Father
Name:		Name:
Date of Birth:		Date of Birth:
Marital Status:		Marital Status:
Parental responsibility:		
Siblings (and other household members)		
Name	DOB(Age)	Relationship

<i>Diagnosis</i>

Past Medical History/Care Needs/Medication

Nursing, Medical, Social, Sensory and Spiritual Needs

i.e what care is your child receiving now and from who?

Professional Involvement - Medical

GP

Name:

Practice:

Practice Address:

Telephone:

Consultant 1

Consultant 2

Name:

Name:

Hospital:

Hospital:

Professional Involvement – Other

eg Social Worker, Health Visitor, Paediatric Community Nurse, Occupational Therapist, Physiotherapist

Job Role	Name	Address & Contact Number	Other Information
Social Worker			
Community Childrens Nurse			
Physio			
OT			
Speech and Language			
Health Visitor			
Specialist Nurse			
School/Nursery			
School Nurse			
Dietician			

Any Other/Further Information

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Referrer

Name:	Address:	
Title:	Telephone Number:	
Reason for referral:		
Has the person with parental responsibility consented to the referral? Yes <input type="checkbox"/> No <input type="checkbox"/>		
Signature	Print	Date

Once completed this form should be POSTED to us. Please do not email due to data protection issues.
Please post to Helen Farren, Lead Nurse Children's Complex Care and Jigsaw, Cumbria Children's Hospice.