



Cumbria's Children's Hospice

JIGSAW, CUMBRIA'S CHILDREN'S HOSPICE

Durdar Road, Carlisle, CA2 4SD

REFERRAL FORM

Date of Referral:		
Patients Details		
Name:	Date of Birth:	Gender:
Ethnic Group:	Religion:	Main Language:
Address:		Telephone Numbers:
School Address:		
Family Details		
Details of Guardian / Carer with parental responsibility		Details of Guardian / Carer with parental responsibility
Name:	Name:	
Date of Birth:	Date of Birth:	
Relationship to child/ young person:	Relationship to child/ young person:	
Siblings and other household members		
Name	DOB (Age)	Relationship

Diagnosis

Past Medical History / Care Needs / Medication

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Nursing, Medical, Social, Sensory, and Spiritual Needs
i.e what care is your child receiving now and from who?

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Professional Involvement – Medical

GP Name:	
GP Practice:	
GP Practice Address	
Consultant Name	
Hospital Name & Address:	
Consultant Name:	
Hospital Name & Address	

Professional Involvement -Other

e.g Social Worker, Health Visitor, Paediatric Community Nurse, Occupational Therapist, Physiotherapist

Job Role	Name	Address & Contact Number	Email Address	Other information
Social Worker				
Community Children's Nurse				
Physio				
OT				
Speech & Language				
Health Visitor				
Specialist Nurse				
School / Nursery				
School Nurse				
Dietician				

Any other / further information

Referrer		
Name:		Address:
Job Title:		Telephone number:
Email Address:		
Reason for Referral:		
Has the person with parental responsibility consented to the referral? Yes / No		
Signature	Print	Date

Once completed this form should be posted to us. Please do not email due to data protection issues.
Please post to Suzanne Garbarino, Clinical Lead, Jigsaw Cumbria's Children's Hospice, Durdar Road,
Carlisle, CA2 4SD