****

**Learning | Respect | Delivery | Excellence | Compassion | Improvement**

**REFERRAL TO: LIVING WELL**

**Sobell House Hospice, Churchill Hospital, Old Road, Oxford, OX3 7LE Tel: 01865 225875**

|  |  |
| --- | --- |
| Date of Referral: |  |
| **PATIENT NAME:** |
| **Does the patient give their consent to this referral?** *Please delete inappropriate answer* **YES | NO** ***We cannot proceed with the referral unless the patient is aware we will be contacting them*** |
| **Date of birth:** |  | **NHS Number:** |
| **Address:** |  | **Tel:** |
| **Mobile:** |
| **DIAGNOSIS if appropriate and PMH:** |
| **Is the GP aware of referral?** *Please delete inappropriate answer* **YES | NO**  |
| **Surgery & usual GP** |  |
| **REFERRER** **Name &****Job Description** |  | **Referrer Telephone/Mobile:** | **Referrer Email address:** |
|  |  |
| **REASON** **FOR REFERRAL:***Please continue on next page if needed.* | **Please include any helpful background information and a brief outline of the type of support your patient would benefit from, this will help us to offer appropriate activities and support in line with what is currently being offered within Living Well.**  |

**PLEASE SEND REFERRAL TO:**

**pallcarelivingwell@ouh.nhs.uk** **FAO Living Well Administrator**