

Advance Care Planning: Referral Form for ACP Support (non-St. Luke's Patients)

I would like the person below to receive support from St. Luke's Hospice in preparing an advance care plan, which may include imparting information about the following:

- Advance Statement
- Advance Decision to Refuse Treatment
- Lasting Power of Attorney (Health & Welfare)

I understand that St. Luke's staff and volunteers will impart information about the above and will provide support with completing the Advance Statement if required, but will not provide advice as to which documents the person referred should complete. That is the sole decision of the person themselves.

I also understand that any data I provide will be used in compliance with GDPR and that any data used for reporting purposes will be anonymised.

Referrer:

Name:	
Organisation (if relevant):	
Contact number:	
Email:	
Relationship to person being referred:	
Reason for referral:	

Person being referred:

Name:	
NHS number (if known):	
Date of birth:	
Address:	
Postcode:	
Preferred contact number:	
Email address:	
Ethnicity:	
Name of GP:	
Address of GP:	
Phone number of GP:	
Email address of GP:	

What conditions is the person living with? Please tick all that apply. We ask this so that we can provide appropriate support:

In receipt of palliative care	
Living with dementia	
Living with a learning disability	
Living with multiple long term conditions	

Other health condition (please specify if possible)	
No health issues	

Where/how would the person referred be prepared to receive support? Please tick all that apply:

At St. Luke's Hospice	
At the care/nursing home where they live	
At their GP surgery	
In their own home	
By phone	
Online (e.g. Zoom, Teams etc.)	

Signature of person referred:

I confirm that I consent to this referral

Name in capital letters:	
Signature:	
Date:	

Referrer's signature:

Name in capital letters:	
Signature:	
Date:	

Anything else you think we should know: