

To submit this form via email,  
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care@richardhouse.org.uk

## RICHARD HOUSE REFERRAL FORM

### CHILD'S DETAILS

First Name Surname

Date of birth Male Female

Address Post code

NHS number

### FAMILY DETAILS

Mother's name Home telephone

Occupation Mobile phone

Address (please state 'as above' if same as child) Email address

Post code

Father's name Home telephone

Occupation Mobile phone

Address (please state 'as above' if same as child) Email address

Post code

|                    |                             |   |   |
|--------------------|-----------------------------|---|---|
| 1. Name            | Date of birth               | M | F |
| 2. Name            | Date of birth               | M | F |
| 3. Name            | Date of birth               | M | F |
| 4. Name            | Date of birth               | M | F |
| Significant others | Their relationship to child |   |   |

### REFERRER'S DETAILS

Name of referrer: Job title:

Address: Post code:

**REFERRER'S DETAILS (continued)**

Telephone

Email or fax

Signed

Date

Reason for referral

Known allergies (please list in full):

Diagnosis

Past medical history

Main care issues

Are there any safeguarding or psychosocial issues?

Have parents consented to referral? Y N  
(Please ensure that the consent form has been completed and signed as referral cannot be processed until this has been done.)

Professional sought verbal consent Y N Signed Date

Is the child aware of hospice referral? Y N

Is the child known to Great Ormond Street Palliative Care Team: Y N

Is the child currently using the services of another hospice? Y N

**THE FOLLOWING MUST BE SIGNED BY THE PERSON WITH PARENTAL RESPONSIBILITY**

I, \_\_\_\_\_ (full name) \_\_\_\_\_ (relationship to young person) hereby consent to the child named above being referred to Richard House support services by the person named on this form. I understand that Richard House will contact me to perform an initial assessment.

I also give Richard House permission as part of the initial assessment to make contact with other professionals, as required, to gather information.

Signed \_\_\_\_\_ Date \_\_\_\_\_

**IMPORTANT**

For this referral to proceed, Richard House Children's Hospice require current medical consultant clinic letter or hospital discharge summary. Please include letters with the referral.

**Name of Nursery/School**

Address \_\_\_\_\_ Postcode \_\_\_\_\_  
Phone number \_\_\_\_\_

**School Nurse**

Address \_\_\_\_\_ Postcode \_\_\_\_\_  
Phone number \_\_\_\_\_

Letter/Report attached? Y N

**GP**

Address \_\_\_\_\_ Postcode \_\_\_\_\_  
Phone number \_\_\_\_\_

Letter/Report attached? Y N Fax number \_\_\_\_\_

**Paediatrician**

Address \_\_\_\_\_ Postcode \_\_\_\_\_  
Phone number \_\_\_\_\_

Letter/Report attached? Y N Fax number \_\_\_\_\_

### Specialist Consultant

Address

Postcode

Phone number

Letter/Report attached?

Y

N

Fax number

### Community Children's Nurse

Address

Postcode

Phone number

Letter/Report attached?

Y

N

Fax number

### Health Visitor

Address

Postcode

Phone number

Letter/Report attached?

Y

N

Fax number

### Social worker

Address

Postcode

Phone number

Letter/Report attached?

Fax number

### ETHNIC BACKGROUND (please tick as appropriate)

| <b>WHITE</b>  | <b>ASIAN/ ASIAN BRITISH</b> | <b>BLACK/ AFRICAN/ CARIBBEAN/ BLACK BRITISH</b> |
|---|-----------------------------|---|
| English Welsh / Scottish / Northern Irish / British Irish | Indian                      | African   |
| Irish   | Pakistani                   | Caribbean                                       |
| Gypsy or Irish Traveller                                  | Chinese                     | Other (Please state)                            |
| Other (please state)                                      | Other (Please state)        |   |
| <b>MIXED</b>  | <b>OTHER ETHNIC GROUPS</b>  |   |
| White & Black Caribbean                                   | Arab                        |   |
| White & Black African                                     | Other (Please state)        |   |
| White & Asian   |                             |   |
| Other (Please state)                                      |                             |   |
| Main language spoken                                      |                             |   |
| Is an interpreter needed?                                 | Y                           | N   |

### RELIGION

|   |                                 |
|---|---------------------------------|
| Christian (including Church of England, Catholic, Protestant and all other Christian denominations) | Muslim                          |
| Buddist   | Sikh                            |
| Hindu   | No religion                     |
| Jewish  | Other religion (please specify) |

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