

**EDEN HOUSE CHILDREN'S HOSPICE
REFERRAL FORM**

Name:			DOB:			Sex:		
Ethnic Group:			Religion			Main Language		
Diagnosis:								
Address:				Tel. No.:				
				Mobile No.:				
Parents' Names				Principal Carer				
Mother:								
Father:								
Marital Status:								
Parental Responsibility:								
Siblings:								
Name:						DOB:		
School and Address:								
Referred by (Name, Address, Relationship, Title):								
Tel. No.:								
Reason for Referral:								
Parental Consent obtained:								
YES / NO								

Family GP:		
Hospital Consultant:		
		Ward (if applicable):
Nursing, Medical, Social, Spiritual Needs (please list) or attach management/support protocols:		
Immunisation Status/Infectious Disease History:		
Key Professional Involvement: (please list all) Attach additional sheet if necessary e.g.: Key worker, Community Nurse, Social Worker, Health Visitor, Physio, OT, Respite Support		
Title/Name:	Address and Tel. No.:	Notes/Comments:
Further information: i.e. cultural beliefs, social customs, prayer requirements, death customs, birth customs, visiting customs, medical treatment (preference to western or traditional), family beliefs, religious festivals, dress		
Person taking referral (if telephone referral) Signature:	Print:	Date:

An electronic form is available. Please contact: edenhouse@edenvallyhospice.co.uk or alternatively post form to Eden House Children's Hospice, Durdar Road, Carlisle, CA2 4SD.