REFERRAL FOR ADMISSION TO WARD 4

Patient name: Click here to enter text. Referring Trust: Click here to enter text.

DOB: Click here to enter a date. Referring Consultant: Click here to enter text.

NHS No: Click here to enter text.

Patient’s contact number: Click here to enter text.

Diagnosis: Click here to enter text.

Reason for admission: Click here to enter text.

When is the admission needed? [ ] ASAP [ ] Specific date: Click here to enter a date.

If Patient is for SACT Treatment:

Discussed at MDT? [ ] Yes [ ] No

Regime: Click here to enter text. Cycle №: Click here to enter text.

Dose Attenuations (please specify): Click here to enter text.

Clinical Trial (if relevant): Click here to enter text.

(Up-to-date) Height: Click here to enter text.

(Up-to-date) Weight: Click here to enter text.

(Up-to-date) Relevant Blood tests (FBC/U&E/LFT’s as a minimum): Click here to enter text.

If for HDMtx, please confirm septrin has been stopped: [ ] Yes [ ] N/A

Does the patient have a PICC/Hickman line in place?

[ ] Yes [ ] No - If ‘No’ please specify *if* line is required and type: Click here to enter text.

Staging/investigations needed *before* starting SACT Treatment? [ ] Yes [ ] No

If ‘Yes’, please tick:

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| [ ] CT  | [ ] PET CT | [ ] BMAT  | [ ] Echo | [ ] Cr Cl |

Any other investigations needed? [ ] Yes [ ] No

Please specify: Click here to enter text.

Consent: (Please supply a copy of the Consent Form)

Has patient been consented: [ ] Yes [ ] No

Any Multi-Resistant Infections: [ ] MRSA [ ] CPE [ ] VRE [ ] ESBL

Other (please specify): Click here to enter text.

COVID-19 STATUS: [ ] Positive [ ] Negative

Date of last COVID-19 PCR Swab:

(Must be within 72Hrs of admission/transfer to Ward 4) Click here to enter text.

Other specific care problems (hard of hearing/confusion/poor mobility etc.):

Click here to enter text.

Where will the patient be followed-up once discharged from Ward 4?

|  |  |  |  |
| --- | --- | --- | --- |
| [ ] Southport Day Unit | [ ] Arrowe Park  | [ ] AUH  |  |

[ ] CCC-L [ ] Countess of Chester [ ] Lilac Centre (St Helens & Whiston)

Any other additional information:

Click here to enter text.

Please email this referral form to the following:

Priscilla.hetherington@nhs.net

Arpad.toth@nhs.net

arvindarumainathan@nhs.net

ccf-tr.admissions@nhs.net

**ccf-tr.patientflowteam@nhs.net**

**ccf-tr.cccreferrals@nhs.net**