Canterbury District Health Board
Te Poari Hauora ō Waitaha

Nurse Maude Hospice Inpatient Unit

Nurse Maude

Referral Form

Patient Label

Please discuss this referral with the Hospice RN Coordinator / Hospice Doctor (375 4274) before completion

Diagnosis:		
Reason for Referral to Hospice: tick boxes as applicable		
End of life care ☐	Symptom management ☐	Complex/Emotional Issues ☐
Describe:		
Significant Family Members/Support People: (Names and any relevant information)		
Date patient ready for transfer:		

Discussed with:

Hospice RN coordinator/Hospice Doctor ☐ Patient and family ☐

General Practitioner ☐

Name of Referrer:_____ **Designation:**_____

Signature:_____ **Date:**_____

Fax to 375 4267

Created by Nurse Maude and HPCS: June 2009 *Last Reviewed: Nov 2015*