i-HEART BARNSLEY365

Barnsley Healthcare NHS Federation

Better Health, Better Care, for a Better Barnsley

Palliative Care Handover Form

Please fax to i-Heart 365 01226 244260

(For patients with palliative care needs being handed over to Deputising Doctors)

Name of patient		**Age**	
Address			
	Telephone No		
GP name	**Code**	**Contact no**	
Hospice involved	**Yes**	**No**	
Hospital Team involved			
District Nurse involved			
Diagnosis date			
Stage: eg Terminal/Chemo/Radiotherapy			
Carer	**Telephone No**		
Patient aware of diagnosis	**Yes**	**No**	
Consent of patient obtained	**Yes**	**No**	
Main Medication			
Emergency drugs left in home			
Syringe driver if needed available from:			
Plans for weekend: eg District Nurse etc			
Before considering admission please contact: eg GP/Hospice			
Or try			
Wishes/requests of patient and/or carer			
Name of sender			
CONFIDENTIAL MEDICAL INFORMATION			

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