

**LIFE FORCE PAEDIATRIC PALLIATIVE CARE &
BEREAVEMENT SERVICE**

REFERRAL FORM

Camden, Haringey and Islington
The Northern Health Centre, 1st Floor, 580 Holloway Rd London
N7 6LB Tel: 0203 316 1950 Fax: 0207 690 2861

lifeforce.whitthealth@nhs.net

PATIENT DETAIL	PROFESSIONAL DETAILS
Child's Name	Name of Consultant/Specialism
DOB M/F	Address
Mother's/Carer's Name	
Father's /Carer's Name	GP
Address	Address
Postcode	
Home Tel No.	GP Tel No
Mobile No.	GP Fax No
Language Spoken	Other Professional Involved (HV,SW, etc) Name & Address
Interpreter Required Y/N	
Ethnicity	
Diagnosis	Name & Address of Other Professionals Involved
PLEASE ATTACH LATEST MEDICAL REPORT	
Specific Reason For Referral i.e. nursing support, respite, play specialist/youth worker, psychologist, bereavement service, Main Care Issues (please expand)	Current Medication
	Referred by (please print name)
	Job Title
	From
	Telephone No
	Date