

# ST. LUKE'S HOSPICE

Referral:      Outpatient            Name:.....  
                         Admission        
                         Domiciliary     

D.O.B. ...../...../.....

Admitted from: Home       Hospital       NH

Date seen: ...../...../.....      Time.....      Age .....

Diagnosis      1. ....  
(date)              2. ....  
                         3. ....

Metastases: .....

## History of disease/current disease status

<u>Relevant treatment</u>	When	Who
Surgery      1. ....	.....	.....
2. ....	.....	.....

Radiotherapy      .....  
                         .....  
                         .....

Chemotherapy      .....  
                         .....

Hormones      .....

Other PMH

Drug allergies

Social History

Smokes? Yes  No

Psychological/Spiritual

Awareness

Signed: .....

# ST. LUKE'S HOSPICE

Outpatient  Admission  Name:.....  
Domiciliary  Readmission

D.O.B. .... / .... / .....

Admitted from: Home  Hospital  NH

Date seen: .... / .... / ..... Time.....

## Recent history

## Latest investigations

## Next outpatient appt

Current problems

Pain

(NB Complete pain chart)

Nausea/vomiting  .....

Constipation  .....

Diarrhoea  .....

Anorexia  .....

Breathlessness  .....

Fatigue  .....

Weakness  .....

Low mood  .....

Name:.....

Date seen: ...../...../.....

D.O.B. ....../...../.....

Current problems (cont)

Confusion  .....

Anxiety  .....

Oedema  .....

Reduced mobility  .....

Other  .....

.....

.....

Drugs on admission

Examination

General

CVS

RS

Abdomen

Musculoskeletal

Neurology

Date seen: ...../...../.....

Name:.....

D.O.B. .... /..... /.....

Summary

Discussions with patient

Discussion with family/carers

Advanced Decision?

YES / NO

Lasting Power of Attorney?

YES / NO

Problems + Plan of action