



## Special Patient Notes

Please email/fax form to [special.patient.notes@nhs.net](mailto:special.patient.notes@nhs.net)

Demographics	
NHS no.	DOB:
Name:	
Address:	
Tel:	

Does patient live alone?                      Yes  No

Key Safe Code (if applicable)

Carer details:

Consent of patient/order obtained: Yes  No

Reason For Note					
DNACPR	<input type="checkbox"/>	Palliative Care (Page 2 <b>MUST</b> be completed)	<input type="checkbox"/>	EHCP (Please attach a copy)	<input type="checkbox"/>
Advance Decision to Refuse Treatment (ADRT)	<input type="checkbox"/>	Advance Statement	<input type="checkbox"/>	Chest Team Referral (Newcastle area only)	<input type="checkbox"/>
Autonomic Dysreflexia	<input type="checkbox"/>	Brittle Asthma	<input type="checkbox"/>	Awaiting Transplant	<input type="checkbox"/>
O2 Alert	<input type="checkbox"/>	Hospital at home for COPD	<input type="checkbox"/>	Caution (violence and aggression etc)	<input type="checkbox"/>
Laryngectomy	<input type="checkbox"/>	Temporary	<input type="checkbox"/>	Permanent	<input type="checkbox"/>
Tracheostomy	<input type="checkbox"/>	Temporary	<input type="checkbox"/>	Permanent	<input type="checkbox"/>
Other # Please complete free text section	<input type="checkbox"/>				

## Palliative Handover

Diagnosis :

Patient understanding of Diagnosis/Prognosis:

Yes

No

Stage of illness:

Months

Weeks

Days

Does patient have a preferred place of death?

Yes

No

If yes to above, where

Community nurse involved?

Yes

No

Name of nurse:

Would this be an anticipated/expected death?

Yes

No

In the event of expected death, will GP issue death certificate?

Yes

No

Anticipatory meds insitu:

Yes

No

## Free Text Section

Valid from:            Valid to:

**# please be aware that once 'valid to' date expires, the Special Patient Notes will become inactive**

**# All Special Patient Notes will be inputted for a maximum of 12 months**

Name and designation of referrer:

Contact Number:

Date: