Macmillan Dove Community Bereavement Service
Referral Form

Please note that we require the client to be in agreement to this referral

Client Details: Title: ……… Family Name ……………………………

First Name/s ………………………………… *D.O.B: ……………..........

Address: …………………………………………………………………......

…………………………………………… Postcode: …………………...

*Tel: Home:…………………..……… Mobile……………….………...

Work ………………………….. Privacy – Can leave message Yes/No

Outline of reason for referral. (**Please include nature and date of loss**.)

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* Cancer Related Referral Yes/No * Hospice Related Bereavement Yes/No

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G.P. Name: ……………………….. Tel: ……………………………….

Address: ………………………...... ……………………………………

……………………………………………………………………………..

Referral Source: ……………………………….. Date: ……………………

Name of individual making referral: …………………………………...........

Address: ………………………………………………………….................

………………………………………………………………………….......

……………………………………….. Postcode:……………………

Tel: Work………………..…………… Mobile……………………......

Please fax or post these details to Service Co-ordinator, MDCBS at St Luke’s Hospice, Nethermayne, Basildon, Essex SS16 5NJ – Tel 01268 524973 Fax 01268 282483

Revised Sept 08

Macmillan Dove Community Bereavement Service

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Macmillan Dove Community Bereavement Service is a partnership between St Luke's Hospice and Thurrock Mind supported by Macmillan Cancer Support.
The main administration base for our team is at St Luke's Hospice, though bereavement support is provided on both sites.
You may refer directly to us, using the form overleaf, please be kind enough to read the referral criteria below and provide us with the details we require.

<u>Referral Criteria</u>

- clients must be **resident** within the Basildon & Thurrock district
- referrals should be **cancer related** or non-cancer palliative care (pre and post bereavement).
- clients may be **patients, carers, relatives and bereaved**
- the **primary** presenting issue should be identified as bereavement within the **last five years**
- referrals should be made with the **permission** of the client.

<u>Exclusion</u>
The Service is unable to accept referrals for clients with **<u>complex long term mental health</u>** needs.

<u>Notes on completion</u>
The details required are mostly straight forward; however, as we assume you will discuss the referral with the client, please ensure in particular the following information is clarified.

1. Wherever possible, our initial contact is by telephone. Please provide us with a **telephone contact number** for this purpose.
2. The **date of birth** is essential information. **<u>Please do not leave blank.</u>**
3. The **nature and date of bereavement** helps us to prepare for initial contact with the client.
4. If the bereavement was **hospice related** (St Luke's only) i.e. the death was at the hospice, or the deceased was supported by Day Hospice or Hospice at Home please indicate this on the referral. The hospice has a follow up process for bereavement support and we will be able to activate this on behalf of the client. For some clients this point will clearly not apply.

Please inform the client that you are making this referral and that initially we will contact them by telephone.

Thank you. Revised Sept 08