

CHILDREN AND YOUNG PEOPLE REFERRAL FORM

We accept children and young people between the ages of 0-18 years based on the following criteria and in line with guidelines used by all children's hospices.

GROUP 1	Life threatening conditions for which curative treatment may fail e.g. cancer, irreversible organ failure.	
GROUP 2	Conditions where premature death is anticipated but intensive treatment may prolong life e.g. complicated cystic fibrosis, HIV.	
GROUP 3	Progressive conditions without curative treatment options where treatment is exclusively palliative e.g. Batters disease.	
GROUP 4	Conditions causing severe neurological disability leading to susceptibility of health complications and likelihood of premature death e.g. severe cerebral palsy, multiple disabilities following brain or spinal cord insult.	

Group 4 – Children and young people may require additional assessment where eligibility is unclear using these criteria.

CONSENT TO REFERRAL

For those unable to consent and children under 16:

I, the parent/guardian, give consent to the referral.	Yes / No
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For young people aged 16 years and above:

Does the person have capacity to consent to the referral?	Yes / No
If yes, is consent given to the referral?	Yes / No

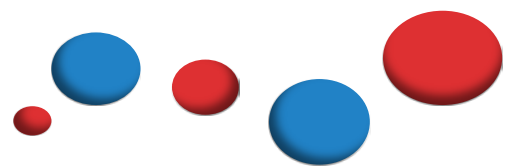
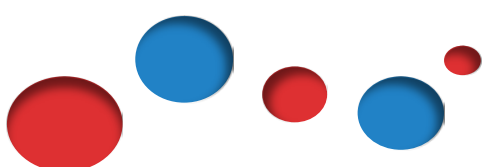
REQUESTING & SHARING INFORMATION

In order for Jersey Hospice Care to provide safe and effective care, I authorise the sharing of information including my child's name, date of birth, address, medical diagnosis, general medical and social care information with the professionals and/or organisations outlined in this referral.	Yes / No
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I give Jersey Hospice Care permission as part of the initial assessment to make contact with other professionals, as required, to gain information of care plans and advance care plans including (but not limited to) FNHC Community Nursing Team, GP, Consultants from local or UK specialist hospitals, school/nursery.	Yes / No
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Parent/Guardian Signature:

Date:



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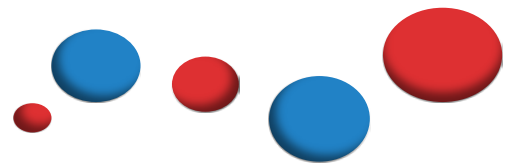
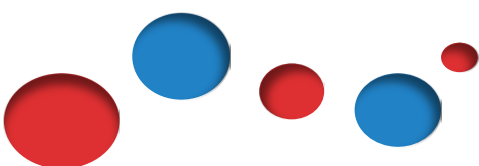
CHILD'S DETAILS

LAST NAME		FIRST NAME		
DATE OF BIRTH		AGE		MALE / FEMALE
EXPECTED DATE OF BIRTH				
FAMILY ADDRESS				
POSTCODE				
TELEPHONE NUMBERS				
EMAIL				

RELIGION	
WHAT LANGUAGES ARE SPOKEN IN THE HOME?	
IS AN INTERPRETER REQUIRED?	YES / NO
ARE THERE ANY SAFEGUARDING CONCERNS?	YES / NO
IF YES – PLEASE EXPLAIN	

MEDICAL DETAILS

DIAGNOSIS / MEDICAL HISTORY	
IS THE CONDITION LIFE THREATENING?	YES / NO
IS THE CONDITION LIFE LIMITING?	YES / NO



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MAIN CARE NEEDS

--

CURRENT MEDICATIONS

--

ALLERGIES

--

IS THERE ANYTHING JERSEY HOSPICE CARE NEED TO BE AWARE OF BEFORE MAKING CONTACT WITH THE CHILD/YOUNG PERSON/FAMILY?

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IS AN ADVANCE CARE PLAN CURRENTLY IN PLACE?

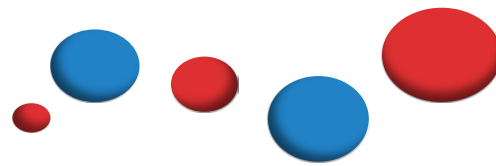
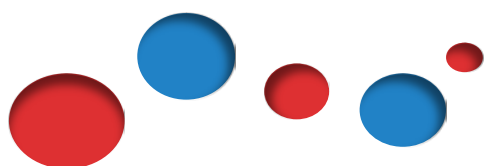
Yes / No

IS A SYMPTOM MANAGEMENT PLAN CURRENTLY IN PLACE?

Yes / No

WHICH SERVICES AT JERSEY HOSPICE CARE DO YOU THINK WOULD BENEFIT THIS CHILD /YOUNG PERSON AND THEIR FAMILY?

Child/young person emotional support	Yes / No
Parent/family emotional support	Yes / No
Tots & Toys group (Tuesday)	Yes / No
Day Hospice based care sessions for infants and children (Tuesday)	Yes / No
Sibling support group (Tuesday - after school)	Yes / No
Jersey Hospice Care at Home	Yes / No



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PROFESSIONAL'S DETAILS

NAME OF PROFESSIONAL	ROLE	ADDRESS	TELEPHONE & EMAIL
	Jersey Consultant/s		
	Specialist Consultant		
	Specialist Consultant		
	FNHC Community Nursing Team key worker		
	Key worker/ Social Worker		
	Health Visitor/ School nurse		

GP DETAILS

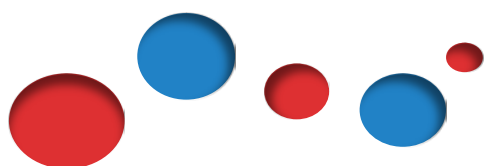
GP NAME	NAME & ADDRESS SURGERY	TELEPHONE & EMAIL

SCHOOL / NURSERY DETAILS

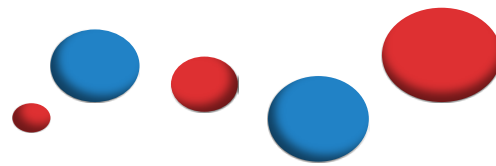
CONTACT NAME & POSITION	NAME & ADDRESS SCHOOL	TELEPHONE & EMAIL

PARENTS / GUARDIAN / SIGNIFICANT OTHERS DETAILS

LAST NAME	FIRST NAME	TITLE	DOB	RELATIONSHIP TO CHILD	PARENTAL RESPONSIBILITY?
					Yes / No
					Yes / No
					Yes / No
					Yes / No



Jersey Hospice Care
your care, your choice, your time



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SIBLING DETAILS

LAST NAME	FIRST NAME	DOB	SEX
			Male / Female
			Male / Female
			Male / Female
			Male / Female

REFERRER'S DETAILS

NAME		
RELATIONSHIP TO CHILD		
ADDRESS		
POSTCODE		
TEL NO		
EMAIL		
DATE OF REFERRAL		
HOW DID YOU HEAR ABOUT THE CHILDREN & YOUNG PEOPLE SERVICE?		

REFERRER'S SIGNATURE: DATE:.....

Referrals can be returned to us by post, by hand or by email.
We do not have a secure email server. If emailing documents to us please ensure they are password protected and a separate email is sent providing a password.

CONTACT DETAILS

ADDRESS

EMAIL

TELEPHONE

WEBSITE

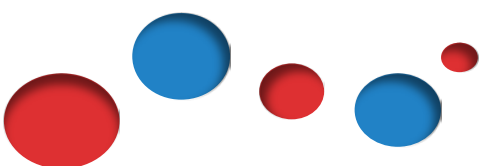
Jersey Hospice Care, Mont Cochon, St Helier, Jersey JE2 3JB

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07797 740511 (Monday to Friday 09:00 to 17:00)

jerseyhospicecare.com



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