

# Communication Sheet Between Secondary and Primary Care

**Patient Name:**

**Address:**

**Date of Birth:**

**NHS/Hospital Number:**

**Communication from:**

**Name:**

**Address:**

**Contact Number:**

**Communication to:**

**Name:**

**Address:**

**Contact Number:**

I write to inform you that I consider this patient meets the criteria for supportive and palliative care and would benefit from being included in the practice Palliative Care register.

Diagnosis and reasons are as follows:

I consider the prognosis to be: Months/Weeks/Days (please circle)

**A supportive and palliative care approach has been discussed with the patient** YES / NO

**An Advance Care Plan has been discussed with the patient** YES / NO

**The family/carers have been made aware of the above** YES / NO

**The needs of dependents, including children, have been explored** YES / NO

**An Advance Decision to Refuse Treatment (ADRT) is in existence, relevant to the patient's current care** YES / NO

**If yes, please indicate by whom the ADRT is held: .....**

**Health Professional's name:**

**Date of Communication:**

**Health Professional's Signature:**