KEMP HOSPICE
Registered charity no:
The Wyre Forest Hospice

Date: / /

Name:
(if completed by KEMP Hospice)

Referral Enquiry Form

Return to:
KEMP Hospice, Day Hospice, 41 Mason Road, Kidderminster, DY11 6AG. Email: services@kemphospice.org.uk

KEMP Hospice Service required

(please tick appropriate box/boxes)

Day Hospice ☐	**Complementary therapy** ☐	**KEMP for Carers** ☐
Financial & Welfare advice ☐	**Carers Support** ☐	**Advanced Care Planning Facilitator** ☐

Bereavement counselling & pre-bereavement counselling **Adult** ☐ **Child** ☐

Referrer Details

Name:	
Organisation Name:	
Telephone Number:	
Email Address:	
Relationship to referred:	
Does client/patient give consent to referral?	**YES** ☐ **NO** ☐

Client Details

Name:	
NHS number *(if known):*	
Date of Birth:	
Address: *(including postcode)*	
Preferred Contact Number	

KEMP HOSPICE

Client Details (continued)	
Diagnosis	
GP *(including address)*	
Next of Kin Name	
Next of Kin Relationship with client	
Next of Kin Contact Number	
Next of Kin Address	
Who has died and date of death *(for bereavement counselling only)*	
Relationship with deceased *(for bereavement counselling only)*	

Reason/s for referral/current issues

Other Agencies Involved (e.g. – Social Worker, Macmillan nurse, Specialist Nurse, Psychologist etc.)

Name	Role	Contact Number

Person completing form

PRINT NAME: DATE:

SIGNATURE: