

Blythe House Hospice Counselling at Home Pilot



Please print this referral form and post or fax to the Lead Counsellor at Blythe House using the contact details below.

Please give your name, role and contact details and (if you are not the GP) the name of the GP and practice.

Your patient

Name:	DOB:
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Address:	TEL:
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Is it the patient who needs counselling or another family member? Please give details.

Access arrangements. Please highlight any potential health and safety risks to the visiting counsellor.

Referral criteria

Please confirm that the following criteria are met:

Your patient has a life-threatening illness. Please state diagnosis and prognosis (if known) and give brief medical details, including relevant drugs.

The person being referred is physically unable to travel to Blythe House to access counselling. Please give reasons.

The person being referred has complex psychological or emotional issues that are causing distress and their need for support cannot be met by the primary caring team. Please give a summary.

The person being referred wants the help of a counsellor. Please tick.

The person being referred has mental capacity to consent to the service. Please tick.

**Blythe House Hospice Eccles Fold
Chapel-en-le-Frith High Peak SK23 9TJ
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email: info@blythehouse.co.uk Registered Charity No: 1031192
www.blythehousehospice.org.uk Company Reg. No. 2880281**

Blythe House Hospice adds quality to life by providing the highest levels of care for people affected by cancer and certain other life-threatening illnesses and supporting those who are bereaved.