**WIRRAL END OF LIFE CARE REGISTER HANDOVER FORM**

Form mustalways be emailed

 wcnt.eolc@nhs.net

**To comply with GDPR you must use an NHS email address or encryption site to send this form securely**

**Patient Information:**

Full Name Address

Date of Birth

NHS Number Postcode

GP GP Surgery

**The referrer has gained informed consent from the patient to share this information or a decision to share has been made in the patient’s best interest Yes ❑ / No ❑**

**Status:** Advancing Disease (GREEN) ❑ Deteriorating (AMBER) ❑ Dying (RED) ❑ (***Use record of care document)***

**Diagnosis:**

**Is DNACPR form completed? Yes ❑ / No ❑**

**Emergency Health Care Plan in place? Yes ❑ / No ❑**

**Preferred place of care:** Home ❑ Hospital ❑ Care Home ❑ Hospice ❑ Other…………………………………………

**Death notification box**

Date of death…………………………………………………. Did the patient die in chosen PPC? **Yes ❑ / No ❑**

**Was the Record of Care document used? Yes ❑ / No ❑** Place of death …………..………………………………………

**Name Designation**

**Base Contact Number**

**Date Time**