

*To be completed by PRACTICE STAFF for all study participants and records
– please refer to the instructions for users*

Participant study/record number:	
Diagnosis summary:	<input type="checkbox"/> Cancer <input type="checkbox"/> Non-Cancer
No. of weeks individual has been on the palliative care register or service caseload:	

Medicine Prescriptions

- Please give details of ALL medicines used or prescribed over the data collection period

Frequency of dose code: 1=od, 2=bd, 3=tds, 4=qds, 5=prn

Who prescribed it code: 1=GP own, 2=GP out of hours, 3=Palliative care consultant, 4=Specialist nurse, 5=District nurse, 6=Pharmacist, 7=Not known, 8=Other (please state)

Please add further rows if required

Hospital Attendance

Date of prescription <i>day/month/yr</i>	Name of medication	Dose and units	Frequency of dose <i>please use code above</i>	Quantity	New or repeat prescription <i>delete as appropriate</i>	Who prescribed it <i>please use code above</i>	Date prescription dispensed <i>day/month/yr</i>	Electronic (EPS) or paper prescription <i>delete as appropriate</i>
	1.				New/repeat			EPS/paper
	2.				New/repeat			EPS/paper
	3.				New/repeat			EPS/paper
	4.				New/repeat			EPS/paper
	5.				New/repeat			EPS/paper
	6.				New/repeat			EPS/paper
	7.				New/repeat			EPS/paper
	8.				New/repeat			EPS/paper
	9.				New/repeat			EPS/paper
	10.				New/repeat			EPS/paper
	11.				New/repeat			EPS/paper
	12.				New/repeat			EPS/paper
	13.				New/repeat			EPS/paper
	14.				New/repeat			EPS/paper
	15.				New/repeat			EPS/paper
	16.				New/repeat			EPS/paper
	17.				New/repeat			EPS/paper
	18.				New/repeat			EPS/paper
	19.				New/repeat			EPS/paper
	20.				New/repeat			EPS/paper
	21.				New/repeat			EPS/paper
	22.				New/repeat			EPS/paper
	23.				New/repeat			EPS/paper
	24.				New/repeat			EPS/paper
	25.				New/repeat			EPS/paper
	26.				New/repeat			EPS/paper
	27.				New/repeat			EPS/paper
	28.				New/repeat			EPS/paper
	29.				New/repeat			EPS/paper
	30.				New/repeat			EPS/paper

Has the individual attended hospital over the data collection period? Yes No

If yes, please give details:

Day <i>Add no.</i>	Hospital attendance	<input type="checkbox"/> Planned <input type="checkbox"/> Unplanned <input type="checkbox"/> In hours <input type="checkbox"/> Out of hours
	Type	<input type="checkbox"/> Outpatient <input type="checkbox"/> A&E <input type="checkbox"/> Inpatient, if yes was there HDU/ICU involvement? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not known <input type="checkbox"/> Other, please state:
	Reason <i>(tick all that apply)</i>	<input type="checkbox"/> Symptom management <input type="checkbox"/> Disease treatment and follow up <input type="checkbox"/> Other, specify:
	Overall length of stay if admitted	Total no. of days:
Day <i>Add no.</i>	Hospital attendance	<input type="checkbox"/> Planned <input type="checkbox"/> Unplanned <input type="checkbox"/> In hours <input type="checkbox"/> Out of hours
	Type	<input type="checkbox"/> Outpatient <input type="checkbox"/> A&E <input type="checkbox"/> Inpatient, if yes was there HDU/ICU involvement? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not known <input type="checkbox"/> Other, please state:
	Reason <i>(tick all that apply)</i>	<input type="checkbox"/> Symptom management <input type="checkbox"/> Disease treatment and follow up <input type="checkbox"/> Other, specify:
	Overall length of stay if admitted	Total no. of days:
Day <i>Add no.</i>	Hospital attendance	<input type="checkbox"/> Planned <input type="checkbox"/> Unplanned <input type="checkbox"/> In hours <input type="checkbox"/> Out of hours
	Type	<input type="checkbox"/> Outpatient <input type="checkbox"/> A&E <input type="checkbox"/> Inpatient, if yes was there HDU/ICU involvement? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not known <input type="checkbox"/> Other, please state:
	Reason <i>(tick all that apply)</i>	<input type="checkbox"/> Symptom management <input type="checkbox"/> Disease treatment and follow up <input type="checkbox"/> Other, specify:
	Overall length of stay if admitted	Total no. of days:
Day <i>Add no.</i>	Hospital attendance	<input type="checkbox"/> Planned <input type="checkbox"/> Unplanned <input type="checkbox"/> In hours <input type="checkbox"/> Out of hours
	Type	<input type="checkbox"/> Outpatient <input type="checkbox"/> A&E <input type="checkbox"/> Inpatient, if yes was there HDU/ICU involvement? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not known <input type="checkbox"/> Other, please state:
	Reason <i>(tick all that apply)</i>	<input type="checkbox"/> Symptom management <input type="checkbox"/> Disease treatment and follow up <input type="checkbox"/> Other, specify:
	Overall length of stay if admitted	Total no. of days:
Day <i>Add no.</i>	Hospital attendance	<input type="checkbox"/> Planned <input type="checkbox"/> Unplanned <input type="checkbox"/> In hours <input type="checkbox"/> Out of hours
	Type	<input type="checkbox"/> Outpatient <input type="checkbox"/> A&E <input type="checkbox"/> Inpatient, if yes was there HDU/ICU involvement? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not known <input type="checkbox"/> Other, please state:
	Reason <i>(tick all that apply)</i>	<input type="checkbox"/> Symptom management <input type="checkbox"/> Disease treatment and follow up <input type="checkbox"/> Other, specify:
	Overall length of stay if admitted	Total no. of days:

Please add further rows if required

Hospice Attendance

Has the individual attended hospice over the data collection period? Yes No Not known (no access to palliative care records) *If yes*, please give details:

Day Add no.	Hospice attendance	<input type="checkbox"/> Planned <input type="checkbox"/> Unplanned <input type="checkbox"/> In hours <input type="checkbox"/> Out of hours
	Type	<input type="checkbox"/> Inpatient <input type="checkbox"/> Outpatient appointment <input type="checkbox"/> Day hospice visit
	Reason <i>(tick all that apply)</i>	<input type="checkbox"/> Symptom management <input type="checkbox"/> Other, specify:
	Overall length of stay if admitted	Total no. of days:
Day Add no.	Hospice attendance	<input type="checkbox"/> Planned <input type="checkbox"/> Unplanned <input type="checkbox"/> In hours <input type="checkbox"/> Out of hours
	Type	<input type="checkbox"/> Inpatient <input type="checkbox"/> Outpatient appointment <input type="checkbox"/> Day hospice visit
	Reason <i>(tick all that apply)</i>	<input type="checkbox"/> Symptom management <input type="checkbox"/> Other, specify:
	Overall length of stay if admitted	Total no. of days:
Day Add no.	Hospice attendance	<input type="checkbox"/> Planned <input type="checkbox"/> Unplanned <input type="checkbox"/> In hours <input type="checkbox"/> Out of hours
	Type	<input type="checkbox"/> Inpatient <input type="checkbox"/> Outpatient appointment <input type="checkbox"/> Day hospice visit
	Reason <i>(tick all that apply)</i>	<input type="checkbox"/> Symptom management <input type="checkbox"/> Other, specify:
	Overall length of stay if admitted	Total no. of days:
Day Add no.	Hospice attendance	<input type="checkbox"/> Planned <input type="checkbox"/> Unplanned <input type="checkbox"/> In hours <input type="checkbox"/> Out of hours
	Type	<input type="checkbox"/> Inpatient <input type="checkbox"/> Outpatient appointment <input type="checkbox"/> Day hospice visit
	Reason <i>(tick all that apply)</i>	<input type="checkbox"/> Symptom management <input type="checkbox"/> Other, specify:
	Overall length of stay if admitted	Total no. of days:
Day Add no.	Hospice attendance	<input type="checkbox"/> Planned <input type="checkbox"/> Unplanned <input type="checkbox"/> In hours <input type="checkbox"/> Out of hours
	Type	<input type="checkbox"/> Inpatient <input type="checkbox"/> Outpatient appointment <input type="checkbox"/> Day hospice visit
	Reason <i>(tick all that apply)</i>	<input type="checkbox"/> Symptom management <input type="checkbox"/> Other, specify:
	Overall length of stay if admitted	Total no. of days:
Day Add no.	Hospice attendance	<input type="checkbox"/> Planned <input type="checkbox"/> Unplanned <input type="checkbox"/> In hours <input type="checkbox"/> Out of hours
	Type	<input type="checkbox"/> Inpatient <input type="checkbox"/> Outpatient appointment <input type="checkbox"/> Day hospice visit
	Reason <i>(tick all that apply)</i>	<input type="checkbox"/> Symptom management <input type="checkbox"/> Other, specify:
	Overall length of stay if admitted	Total no. of days:

Please add further rows if required

