



END OF LIFE CARE ALERT NOTIFICATION FORM

Please complete this form using BLOCK CAPITALS. *This form is to be completed by the Patient's GP, Consultant or Lead Clinician*

Patient's Name		D.O.B.	
Home Address		Postcode	
NHS Number		Patient's Tel. No.	
GP Name:		GP Address	
Has the patient consented for the sharing of their information with NWAS or Out of Hours:		<input type="checkbox"/> Yes <input type="checkbox"/> No	
Please select from the following instructions to report them as currently active: <u>IMPORTANT:</u> Please ensure patient has documentation with them at address. i.e. DNACPR			
Advance Decision to Refuse Treatment (ADRT):	<input type="checkbox"/>	Liverpool Care Pathway / Integrated Care Pathway:	<input type="checkbox"/>
Allow Natural Death (AND):	<input type="checkbox"/>	Preferred Priorities for Care (PPC):	<input type="checkbox"/>
Do Not Attempt Cardio Pulmonary Resuscitation (DNACPR):	<input type="checkbox"/>	Statement of Intent	<input type="checkbox"/>
Please select the duration for the flag to be held on the system			
One Month (30 Days) <input type="checkbox"/>	Two Months (60 Days) <input type="checkbox"/>	Three Months (90 Days) <input type="checkbox"/>	
Please indicate where you believe the patient currently is on the North West Model for EoLC (End of Life Care):			
Advancing Disease 1 year + <input type="checkbox"/>	Increasing Decline 6 Months <input type="checkbox"/>	Last Days of Life	<input type="checkbox"/>
Any message-in –a –bottle/property access/location of care plan directions:			
<i>Note: when a warning flag is due to expire for the patient, an email will be sent to the email address provided below. To maintain the flag on the patients address, you will be required to update the information and forward it to NWAS as soon as possible.</i>			
Contact details for any queries regarding this flag can be directed to the following:			
Telephone No:			
Email :			
(Confirm Email)			
<i>Please also note that you are required to update the record if the patient dies or there is a change in circumstances such as change of Address. Contact NWAS with the change of details</i>			

NWAS email:

(Cumbria & Lancashire) nwasnt.eolclm@nhs.net / (Greater Manchester)

nwasnt.eolcgm@nhs.net / (Cheshire & Merseyside) nwasnt.eolccmm@nhs.net

Fax to: 0151 -261-2666