

SCR1**Summary of Palliative Care Patients**

Name of patient and Name of Carer	Diagnosis (+code)	Key GP	Key DN	Problems/ Concerns	Anticipated needs	Information given/ Carer issues	DS 1500 date	CNS/ Macmillan Hospice	Other specialist	OOH Hand-over Form Date sent	Preferred place of care/ death stated + date	Actual place death + date	Bereave-ment Care	Notes