A blue and white logo

AI-generated content may be incorrect.A close-up of a logo

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AI-generated content may be incorrect.

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| **SUPPORTIVE CARE REFERRAL** |

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| Please complete **all shaded sections** and return to:  **WELLBEING COUNSELLING SERVICE**, Macmillan Wellbeing Centre, Moorside Road, Davyhulme, M41 5SN  [**mft.macmillancentretrafford@nhs.net**](mailto:mft.macmillancentretrafford@nhs.net)  **Telephone: 0161 746 2080** |

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| **Referral criteria:** | 1. 18 years or over 2. Trafford resident or registered with Trafford GP | **Allergy sticker:** |  |

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| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Date |  | | **Please indicate** **√**: | | | | | |
| **CLIENT DETAILS** | | | Patient with diagnosis |  | | OR | Family/carer |  |
| Title |  | | **FOR OFFICE USE ONLY:**  Client ID code:  Family/carers known to service? | | | | SCA date: | |
| Name |  | |
| Address |  | | D. o. B. | |  | | | |
| Gender | |  | | | |
| Ethnicity | |  | | | |
| Postcode |  | | NHS number | |  | | | |
| Contacts    Voicemail? Y / N | Home no. |  | GP name GP address GP no. | |  | | | |
| Mobile no. |  |
| E-mail |  |
| Emergency contact | Name |  | Consultant | |  | | | |
| Address |  | Hospital | |  | | | |
| Phone |  | District/  Macmillan nurse | |  | | | |

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| **REFERRER’S DETAILS** | | | | | |
| Nature of referral- **please indicate** **√** : | | | | | |
| Self | |  | GP/ health professional | |  |
| Family/ carer (with permission) | |  | Other | |  |
| Name |  | | Name and  role |  | |
| Relationship to client: |  | |
| Telephone |  | |
| Address |  | |
| In centre referral taken by…. |  | |

Continued over……………….

|  |  |
| --- | --- |
| Diagnosis |  |
| Reason for referral |  |
| Current situation |  |

|  |  |  |  |
| --- | --- | --- | --- |
| **ADJUSTMENTS REQUIRED** | | | |
| Accessibility (e.g. wheelchair) details |  | | |
| Interpreter needed? | **Yes / No** | Home language |  |
| Any other relevant information |  | | |

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| --- | --- | --- | --- | --- | --- |
| **FOR OFFICE USE ONLY** | | | | | |
| Client understands and accepts referral | **Yes / No** | Consent given for assessment | **Yes / No** | Consent for EMIS shared record access | **Yes / No** |
| Confidentiality explained | **Yes / No** | Compliments/ complaints procedure explained | **Yes / No** | Possible transport needs | **Yes / No** |

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| --- | --- | --- | --- | --- | --- |
| Received by: | Telephone | Face to face | Post | E-mail | Date: |