

 **Referral Form**

To arrange for us to provide benefit advice, practical support or emotional support please fill in this referral form for the client and return it to us at **boh-tr.boltoncancerinfo@nhs.net** Our alternative contact details are at the end of the form. Please advise the client that you have made the referral.

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| **Patient’s preferred title (Mr/Mrs/Miss/Ms** | Title |
| **Patient's First Name:** | First Name |
| **Patient's Surname:** | Surname |
| **Patient's Date of Birth:** | Date of Birth |
| **Patient's Address:****Postcode:****Patient’s Telephone Number:****NHS Number:** | AddressPostcodeTelephone NumberNHS Number |
| **GP Practice:** | GP Practice |
| **\*If in-patient, which ward:** | If in hospital which ward? |
| **Person to Contact****Please complete so we know who the appropriate person is to contact.** | NameRelationshipTelephone NumberEmail Address |
| **Communication Requirements:****Complete if the patient has specific communications needs e.g. interpreter and please specify language / British sign language.** | Communication requirements  |
| **Diagnosis:****Primary Cancer:****Secondary Cancer / Mets:****Diagnosis Date:** | DiagnosisPrimary CancerSecondary Cancer / MetsDiagnosis Date |
| **Prognosis/is the patient aware of the prognosis:** | **Is the patient aware of the prognosis? Yes** [ ]  **No** [ ]  |
| **Please tell us about any treatment.****Current Treatment****Completed Treatment****Expected Treatment** | Current TreatmentCompleted TreatmentExpected Treatment |
| **\*Is a SR1 applicable:** | **Yes** [ ]  **No** [ ]  |
| **National Insurance Number:** | National Insurance Number |
| **Employment Status** | Choose a drop-down option |
| **Housing Status** | Choose a drop-down option |
| **Personal Status: (single/married/widow(er)** | Choose a drop-down option. |
| **Reason for referral:****Please give any additional information about the referral in the free text box provided.** | **Benefits Advice** [ ] **Financial Advice (Debt, Pensions, Insurance)** [ ] **Emotional Support** [ ] **Practical Support** [ ] **Blue Badge** [ ] **HNA** [ ] **Hope Course** [ ] **Support Groups** [ ] Additional information |
| **Referral Source - please complete your contact details:** |
| **Name:** | Referrer Name |
| **Organisation Address:** | AddressPostcode |
| **Phone:** | LandlineMobile Phone |
| **Email:** | Email Address |
| **Professional Role:** | Professional Role |
| **Date of Referral:** | Date of Referral |
| 1. **Referrer's statement:**

I confirm I have explained the purpose of this referral form, and that the information above will be shared with the Bolton Macmillan Cancer Information Service and the Benefit Adviser, Bolton Council. The patient has agreed to referral and sharing the above data. |
| The client has given verbal consent for this referral: **Yes** [ ]  **No** [ ]  |
| Signature: Signature Date: Date of Referral |
| **How to send us this referral:**By secure email only: Email completed referral forms to **boh-tr.boltoncancerinfo@nhs.net****If you need more information, please contact 01204 663059** |
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