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Broad Lane, Rochdale, OL16 4PZ

**Tel**. 01706 649920

**Email**. [nehgm.liaison@nhs.net](mailto:nehgm.liaison@nhs.net)

**SELF REFERRAL FORM**

**WELLBEING & SUPPORTIVE CARE**

**YOUR DETAILS:**

|  |  |
| --- | --- |
| Title: | Date of Birth: |
| Surname: | Ethnicity: |
| First name: | Gender: |
| Preferred name: | Language: |
| Address: | NHS No: |
| Email: |
| Postcode: | Tel. No. |
| Do you give us permission to leave messages on voicemail Yes □ No □  If needed can we contact your next of kin? Yes □ No □ | |

**NEXT OF KIN/CARER DETAILS:**

|  |  |
| --- | --- |
| Surname | Address: |
| First name: |
| Relationship to patient: |
| Tel. Number: | Postcode: |

**GP/OTHER SERVICES INVOLVED:**

|  |  |
| --- | --- |
| GP Name: | Tel. Number: |
| Practice Name: | |
| Is your GP aware of this referral? Yes □ No □  Do you consent to us contacting your GP/medical team for further information? \* Yes □ No □  *\*If you do not consent we would be unable to access your records and that would not enable us to support you, please contact the team to discuss queries or concerns.* | |

|  |
| --- |
| **Please tell us about the medical condition/s you have:** |

|  |
| --- |
| **What issues or concerns would you like the Wellbeing Team to help you with?** *(Medical/wellbeing/physiological/social)* |

Please send completed form to **Email:** [**nehgm.liaison@nhs.net**](mailto:nehgm.liaison@nhs.net)

If you are having difficulty completing this form please contact the team on 01706 649920 and we will assist you to complete over the phone.

On receiving your referral, the Wellbeing Team will contact you at the earliest opportunity to discuss how we can support you.