

INFORMATION RESOURCE SERVICE REFERRAL FORM

FOR PEOPLE LIVING WITH AND AFFECTED BY CANCER OR ANY
OTHER LIFE CHALLENGING ILLNESS

FOR SOUTH-WEST ESSEX
(COVERING BASILDON, THURROCK AND SURROUNDING AREAS)



CLIENT DETAILS

Clients Name: Mr/Mrs/Ms/Other _____ D.O.B _____

Address: _____

Postcode: _____ Tel:(Home) _____ (Work) _____

Mob: _____ Privacy—Can leave a message: YES NO

First Language: _____

PATIENT CARER OTHER (SPECIFY)

REASON FOR REFERRAL

DATE OF REFERRAL:

SPECIFY (Include relevant background)

PROFESSIONAL DETAILS

OTHER PROFESSIONALS INVOLVED (SPECIFY)

GPs Name: _____ Name/Designation: _____

Address: _____ Tel: _____

Name/Profession: _____

Postcode: _____ Tel: _____

Tel: _____

REFERRAL SOURCE

Name: _____ Designation: _____

Address: _____

Postcode: _____ Tel: _____

Fax: _____ Email: _____

Date Forwarded: _____

CLIENT MUST BE AWARE REFERRAL HAS BEEN DONE-

INFORMED YES NO

Please send the details to:

MACMILLAN INFORMATION RESOURCE SERVICE COORDINATOR
INFORMATION RESOURCE CENTRE, ST. LUKE'S HOUSE, 22 LAMPITS HILL,
CORRINGHAM, ESSEX SS17 9AL TEL: (01375) 648170 FAX: (01375) 648173
EMAIL: Myfanwy@stlukeshouse.org.uk