Red Cell Community Self Referral Form

Please complete the form below to the best of your knowledge. This will help us better understand your needs prior to offering you an appointment with the service.

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| **Is this referral for you or someone else?** Please provide your name, relation and contact details if you are completing for someone else | Yourself / Someone Else Details:  |

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| **CLIENT DETAILS** |
| **Client Name** |  | **Date of Birth** |  |
| **Gender**  |  | **Ethnicity**  |  |
| **Home Address**  |  | **Contact Phone Number** |  |
| **NHS Number**(if known) |  | **GP Name & Details**(if known) |  |
| **Language spoken?** Do you require an interpreter? |  | **Do you have a hearing or visual impairment?** (specify) |  |
| **Transport needs**How would you normally get to a clinic appointment?  |  | **Do you consent to sharing your medical records?**  | Yes / No  |

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| **REFERRAL DETAILS** |
| **Reason for Referral**  |  |
|  |  |

Thank you for taking the time to complete the referral form.

Please send your completed form to ncl.redcellteam@nhs.net

If you have any questions, please contact us on **020 3316 8853.**

Your referral will be triaged by a clinician, and you will be contacted shortly about an appointment.

Please note this email box is manned between 9am-5pm Monday – Friday. Excluding bank holidays

Please contact A+E for urgent assistance