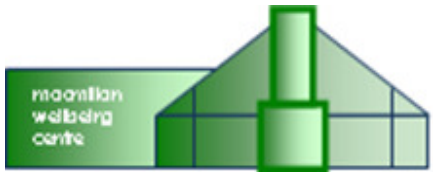
Trafford Local Care Organisation

Leading local care, improving lives in Trafford with you



Please return to:
Macmillan Wellbeing Centre
Moorside Rd, Davyhulme M41 5SN

Tel: 0161 746 2080

*** AGED OVER 18 Y / N**
*** RESIDENT IN TRAFFORD, OR REGISTERED WITH A TRAFFORD GP Y / N**
IF NO – PLEASE SPEAK TO A MEMBER OF STAFF

Office use only
ID No:

Date ref received:

Allergy sticker

Other family members being seen Y / N
Details :

Title:
Name: **Date of Birth:**
Sex: **M** ☐ **F** ☐
Address: **Marital Status: M / W / D**
Ethnicity:

Postcode:

Phone: Home: Work/Mobile:
Is client happy for us to leave a voice message Yes ☐ No ☐

NHS Number (if known):

GP: **GP Phone:**
GP Address:

Consultant: **Hospital Attending:**

District Nurse/Macmillan Nurse: Name:
Phone:

Emergency Contact Name: **Phone:**
Address:

Referred by: Self ☐ **Referral Date:**

Other ☐ Name and Relationship to client ……

Professional ☐ Name and professional role / designation ……

Address (if referred by Professional): **Phone:**

Method of Referral: Phone ** ☐ Face to Face** ☐
Fax ☐ Letter ☐ (Date on letter……)

**** Referral taken by (if applicable)**

Does the client understand and accept the referral? Yes ☐ No ☐

Continued Over……..

Presenting Issues (eg anxiety):

Diagnosis:

Current Situation:

Adjustments Required:

Any accessibility adjustments (eg wheelchair) Details:

Interpreter required Y / N Details:

Any other relevant information:

<u>For Office Use Only</u>

NOK Details taken Y / N

Any adjustments required Y / N

Any Allergies Y / N