 **Referral Form**

**Macmillan Cancer Information and Support Service**

 **Date of referral: Date referral received:**

**Name: Date of birth:**

**Address:**

**Telephone numbers:**

**NHS number:**

**Referrer details:**

**Name:**

**Job title:**

**Contact telephone number:**

**Telephone referral** 03000 214 853

Monday – Friday 8.30 – 4.30

**Email referral:**

RDASH.macmillan-info-doncaster@nhs.net

**Post referral -**

Macmillan Cancer Information and Support Service

St John’s Information and Support Centre

Tickhill Road Site

Doncaster

DN4 8JS

**Diagnosis: Date of diagnosis:**

**Treatment plan:**

**Is SR1 applicable? Yes/No (Please attach SR1 or forward by post)**

**Is patient aware of prognosis?**

 **Reason for referral (please tick):**

Benefits/financial advice Counselling referral for patient

Emotional support for patient Counselling referral for carer or family member

Emotional support for carer or family member Information booklet

Practical support Support groups

Pastoral support Social support

Other reason –