**Macmillan Beyond Diagnosis – Referral Form**

Self Help UK, in partnership with Macmillan Cancer Support, offers a wide range of support to people with a cancer diagnosis and their family/carers. Including short-term practical support, such as accompanying to appointments, help when coming out of hospital or one-off household or gardening tasks as well as longer term emotional support helping people deal with the immediate effects of cancer and rebuilding confidence to enable people to live better lives with and after cancer. Support is also available to access other specialist services in the statutory and voluntary sector so providing a holistic approach to all nonclinical needs for anyone directly or indirectly affected by cancer.  **The service user will be contacted by the service as soon as possible but may be up to 3 weeks in busy periods.** Anyone can make a referral and you can also make a self-referral.

Please complete as fully as possible with particular emphasis on anything marked with \*\*

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| --- | --- | --- | --- |
| **Client number** | *SHUK USE ONLY* | **Date Referral Received** | *SHUK USE ONLY* |

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| 1. **Details of person being referred** | |
| **Name\*\*** |  |
| **Date of Birth\*\*** |  |
| **Address\*\* (inc postcode)** |  |
| **City or District/Borough** |  |
| **Telephone Number\*\*** |  |
| **Email address (if have one)\*\*** |  |
| **\*\* First contact –** on receipt of this application we will normally contact the person who has been referred directly by telephone. If you would prefer us to write to you or email or have any specific contact requirements, please let us know here.  **\*\*Going forward –** we may contact the person who has been referred by phone, letter and email for purposes of delivering the service. If you do not wish to be contacted in any of these ways please let us know here. | |
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| 1. **Does the person being referred have a cancer diagnosis, or are they affected by someone else’s cancer diagnosis? If the person being referred does not have a cancer diagnosis themselves, please move onto question 7.** | | |
| Cancer Diagnosis | Family Member/Friend | Main Carer |

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| --- | --- |
| **3.NHS Number** |  |
| **4.Hospital Cancer Nurse Specialist or Community Nurse (name and team)** | |
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| **5. GP Name and Surgery** | |
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| **6.Please give more information about the cancer diagnosis/the cancer of the person being referred** *Type of cancer, How long since diagnoses, Current Treatment or Cancer stage (e.g. in remission, End of Life, Living with cancer no current treatment)* | |
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| 1. **Any other current physical/mental health conditions or disabilities that we need to be aware of?** E.g. Mobility | |
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| **8.\*\*Any language or communication needs?** | |
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| 1. **Does the person have support from any other agencies (e.g. Social services, Support Worker or Personal Assistant)? Please provide details** | |
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| **10.\*\*Are there any known risks associated with the person being referred? For example, is there a history of self-harm or violence towards others?** | |
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| **11. Have any specific support needs been identified which have prompted this referral?** | |
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| **12.Has the person being referred had an Electronic Holistic Needs Assessment (EHNA)? (NB only relevant to a person with a diagnosis)** |
| **Yes** |
| **No/don’t know/ a long time ago** |
| **12a. If yes do they give The Beyond Diagnosis Gateway have permission to view a copy and where can it be obtained?** |
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| **13. Referrer details\*\*** | | |
| **Self-referral ☐**  (if self-referral then please go straight to question 14. | **Family/friend referral ☐** | **Agency referral ☐** |
| Name of referrer\*\* |  | |
| Referrer job title/Organisation\*\* (if relevant) |  | |
| Contact telephone number\*\* |  | |
| Email Address\*\* |  | |
| Relationship to person being referred\*\* |  | |

The questions below are for the purposes of data monitoring and should be completed about the person being referred. They are under no obligation to complete the questions but it would help us if they were able to so we can ensure we are reaching all sections of our community.

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| 1. **Ethnicity** | | | | |
| **White** | | | | |
| British | Welsh | Scottish | English | N. Irish |
| Irish | Gypsy | Irish Traveller | Other white background | |
| **Mixed / Multiple Ethnic Groups** | | | | |
| White and Black Caribbean | | White and black African | | |
| White & Asian | Other | | | |
| **Asian / Asian British** | | | | |
| Indian | Pakistani | Bangladeshi | Chinese | Other |
| **Black / African / Caribbean / Black British** | | | | |
| African | Caribbean | Other | | |
| **Other Ethnic Groups** | | | | |
| Arab | Other |  | | |

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| 1. **How would you describe your Gender?** | | |
| Male  If you prefer to use your own  term, please specify here ……………………………………………….…. | Female | Other  Prefer not to say |

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| 1. **How would you describe your sexuality** |

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| Sexuality: Heterosexual \* Gay \* Lesbian \* Bisexual \*  Prefer not to say \*  If you prefer to use your own term, please specify here ……………………………………………….…. |

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| 1. **How did you hear about the service? (this could be because the person making the referral told you)** |
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Declaration\*\*

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| **I can confirm that the individual being referred has given their consent to be contacted and for the above details/ information to be held by Self Help UK for the Macmillan Beyond Diagnosis Gateway.**  **In accordance with GDPR, we will store these details securely, only use them for this project and will retain them for up to 7 years after your referral to us.**  **A persons NHS number may be used for purposes of sharing information with their GP/ cancer nurse or other health professional involved in their care and for purposes of viewing a previous EHNA or accessing patient records on behalf of the patient. Express permission from the patient will be sought before using the NHS number for any of these purposes and will only be if relevant to the delivery of support from The Beyond Diagnosis Gateway service.**  Signed: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
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| **Email:** referrals@selfhelp.org.uk |
| **Post**: Macmillan Beyond Diagnosis Service  21 -23 Pelham Road  Nottingham  NG5 1AP |
| **Telephone:** 01159 111662 |

If you are making a referral for a family member or friend who has cancer and this is also affecting you, **you can also ask for support from us** at The Beyond Diagnosis Gateway. We understand that it can be difficult for those close to someone with cancer and that you may need support in your own right. This may be someone to talk to, access to information or even some practical support if you are caring for someone. If this is the case and you would like us to contact you also, please tick the following box and state how you would like to be contacted (phone or email)

I would also like some support

Please contact me by Phone

Please contact me by email