

Referral - Tameside Macmillan Information & Support Service

Date _____

Is the customer aware of and given consent for this referral	Yes / No
Is the customer aware of their diagnosis & Prognosis	Yes / No
Is form DS1500 appropriate (if yes please provide)	Yes / No / Not known
can we leave telephone messages on the numbers below	Yes / No
Can we write to the customer at this address	Yes / No
Surname	
First Name(S)	
Date of Birth	
Address	
Day Time Phone number	
Email Address	
Ethnicity	
Partners Name	
Children names & age	
Disability or Health problems	

Would like help with

Name, address & telephone number of GP

Referrers contact details Name, organisation, email contact & telephone number

Name	
Telephone number & Email address	
Organisation	

Any relevant information, concerns, need for assistance, any communication or access needs i.e BSL, Interpreter

Email: macmillan.info@tgh.nhs.uk

T: 0161 922 5644

*Macmillan Information & Support Services
Tameside Macmillan Unit, Ladysmith House
Tameside Hospital, Fountain Street,
Ashton under lyne OL6 9RW*