

Benefits Advice for People Living with Cancer Referral Form

Consent - I confirm that the patient/carer has given me consent to make this referral and I have explained that their information will be shared with Derbyshire County Council Welfare Rights Service and Derby Homes (for Derby residents) for the purpose of giving them welfare Benefits advice.

Referral date

Referrer name		Job title/Role	
Phone number		Email	
Organisation		Team or Department	

Person being referred

Name		Date of Birth	
Address1		E-mail	
Address 2		Phone Number	
Post code		National Insurance Number	

Alternate contact (if not person being referred)

Name		Relationship to patient	
Phone Number		Best Day/time to contact	

Cancer diagnosis

Point on cancer pathway

DS1500/SR1

Is patient aware of SR1/DS1500?

Please provide any additional information such as where the cancer is sited; any care or mobility needs; information about domestic arrangements or work already completed etc.

Please email this form to ASCHbenefits@macmillan@derbyshire.gov.uk or to your local Macmillan Information Centre, who will then forward it on to us.