

Citizens Advice South Somerset - Macmillan Advice Service Referral Form

Citizens Advice South Information Commissioner Registration Ref: Z6631380

With your patient's consent please complete this referral form and send it to us by secure means.

Email macmillan@citizensadvicesouthsomerset.org.uk

Fax: 01935 847 689

Post: Macmillan Advice, Citizens Advice, Petters House, Petters Way, Yeovil BA20 1SH

Very Urgent Referrals please phone: 01935 847 666

Full Name of Patient (please print clearly)	Site of cancer
Date of birth	Date of Cancer Diagnosis
Address	Level of urgency (please tick all relevant)
	Urgent – DS1500 appropriate/attached <input type="checkbox"/>
Post Code	Other urgent need <input type="checkbox"/>
	Reason for referral to the Macmillan Welfare Benefits Advice Service and any other information that might help us to assist the person being referred.
Patient's Phone Numbers (home and mobile)	
Patient's Authority to Share This Data I hereby give authority for this data to be shared with the Macmillan Team at Citizens Advice South Somerset and agree to the team making this referral speaking to Citizens Advice if necessary. I give authority for Citizens Advice to hold this data, including my cancer diagnosis, and to contact me. Signature (or verbal consent indicated below)	
	Referrer's Details
Verbal Consent Given:	Date of referral:
Yes <input type="checkbox"/> No <input type="checkbox"/>	Referred by: (please print clearly)
Patient's Consent – Can Citizens Advice leave a message on your answer phone?	Title/Role:
Yes <input type="checkbox"/> No <input type="checkbox"/>	Organisation:
Patient's Consent – Can Citizens Advice speak to someone else on your home phone:	Site Address:
Yes <input type="checkbox"/> No <input type="checkbox"/>	Telephone Number:
Name:	Email:
Relationship to Patient:	