

**Self-Referral Form**  


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| **PLEASE RETURN COMPLETED FORM TO**  [**hnf-tr.opcouragehumberandnorthyorkshire@nhs.net**](mailto:hnf-tr.opcouragehumberandnorthyorkshire@nhs.net) |

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| **If caller is not the patient, please complete this section.** | |
| Referrer Name: |
| Relationship to patient: |  |
| Contact number: |  |
| Referral Call taken by: (Call handler name) |  |
| Date/Time referral taken: |  |

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| **Patient Details** | |
| Title: (Mr, Mrs, Ms, Miss) |  |
| Full name including middle names:  Known by any other name/s?  Different surname at birth? Married? |  |
| Date of Birth: |  |
| Full address including postcode: |  |
| Ethnicity: |  |
| Telephone Number: |  |
| GP Surgery: |  |

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| **Patient Consent:** | Yes | | | No, if not why |
| **Contact to contact by:** | Phone | SMS | Other, please  state | Email |

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| Which branch of the Armed Forces: | Army  Royal Air Force | Royal Navy  Royal Marines |
| Other (please state): |  |
| Service Number: |  | |
| National Insurance Number: |  | |
| Reason for Referral: | | |
| Any time not appropriate for triage call: Yes / No  If yes please state  **(Calls will show as Unknown or Withheld)** | | |