

Appointment with a Specialist Support Worker

If you would like to speak with one of our specialist support workers please return this form, together with the General Information Form.

This service is not confidential and your signature confirms your agreement that in certain circumstances it may be necessary to write to your GP (you will receive prior notification if this becomes necessary). For this reason, we require the following information.

Name:.....

Telephone no:

GP:

Address:

.....

Telephone no:

Your signature:

This appointment can be conducted either face-to-face or by telephone. Please indicate which you would prefer.

Face to face/ telephone

When we have this information we will arrange a mutually convenient time for the support worker appointment.

Please note that a donation of £20 would be appreciated.

General Information Section

SURNAME:

MR/MRS/MS/MISS.....DOB

ADDRESS:.....

.....

POSTCODE:

TELEPHONE NO:

OCCUPATION (or previous occupation if currently not working):

.....

DATE LAST WORKED:

IF STUDENT (date last attended school):

LENGTH OF ILLNESS:

WHO MADE THE DIAGNOSIS:

.....

GP's NAME and ADDRESS:

.....

.....

POSTCODE:

TELEPHONE NO:

WHERE DID YOU OBTAIN THE INFORMATION ON THIS CENTRE?

.....

Social and Medical Section

PARTNER/CARER:

CHILDREN:

HAVE YOU PREVIOUSLY SEEN A CONSULTANT (please include name and speciality if possible) YES/NO

Speciality:

HOSPITALS ATTENDED:

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WAS A DIAGNOSIS MADE? (please give details).....

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PREVIOUS INVESTIGATIONS:

(1)

(2)

(3).....

HOW WOULD YOU LIKE US TO HELP?

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IS THERE ANYTHING ELSE YOU FEEL WE SHOULD KNOW ABOUT YOUR
CONDITION?

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