**Cancer Psychological Service**

Relative Support Group Referral Form (Professionals only)

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| Referral Details |
| First name |  | Surname |  |
| D.O.B |  | HEY Number |  |
| Contact Number |  | NHS Number |  |
| Current Address |  | Next of Kin InformationContact No. |  |
| Postcode |  |

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| --- |
| Referrer Details |
| Referrer Name  |  |
| Role |  |
| Contact Address |  |
| Contact Number |  |
| Contact email |  |

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| Please state the reason that the referral would like support at this time (*Please include a brief outline of current concerns*) |
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| *On behalf of the referral, I can confirm that…* (Please tick as appropriate) |
|  |
| The referral has a relative that is currently receiving oncology care with HUTH **or** has done so in the last 5 years |  |  |
|  |  |
| The relative concerned is not deceased |  |  |
| The referral does not have a cancer diagnosis themselves. |  |  |
| I have obtained the relative’s consent for this referral |  |  |

Please email this referral form to hyp-tr.cancerpsychologicalservice@nhs.net with the subject heading “Relative Group Referral”. This email address may also be used to direct any relevant questions. You can also post this form to **“Cancer Psychological Service, The Queen’s Centre, Castle Hill Hospital, Castle Rd, Cottingham HU16 5JQ”**.