**Cancer Psychological Service**

Relative Support Group Referral Form

|  |  |  |  |
| --- | --- | --- | --- |
| Details | | | |
| First name\* |  | Surname\* |  |
| D.O.B\* |  | HEY Number |  |
| Contact Number\* |  | NHS Number |  |
| Current Address |  | Next of Kin Information\*  Contact No.\* |  |
| Postcode |  |

*Fields with an \* are mandatory*

Please provide a brief description of why you would like to attend the group:

I agree that, to the best of my knowledge, the above information is correct. I also agree to be contacted by a member of the Cancer Psychological Service regarding this referral.

|  |  |  |
| --- | --- | --- |
| *I can confirm that…* (Please tick as appropriate) | | |
|  | | |
| I have a relative or loved-one that is currently receiving oncology care with HUTH **or** has done so in the last 5 years |  |  |
|  |  |
| I do not currently have a cancer diagnosis myself (*if this is not the case, please contact the CPS regarding other means of support that we may be able to offer*). |  |  |
|  |

Name (Printed): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signed: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

The data within this form will be collected and stored in accordance with relevant NHS data management policy and legal frameworks. Please email this referral form to [hyp-tr.cancerpsychologicalservice@nhs.net](mailto: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”**.