

****

**Hamar Centre For Counselling and Wellbeing**

**SELF - REFERRAL FORM**

The Hamar Centre offers patients, individual or couples counselling, specifically regarding a diagnosis of cancer.

To be eligible you will need to be:

* Under the care of The Shrewsbury & Telford Hospital NHS Trust
* Aged 18 years or over.
* Counselling must be primarily related to your illness.
* Registered with a GP in the Shropshire, Telford, Wrekin, or Powys area.
* Receiving treatment or having last received treatment for cancer within the past 18 months.

**Please note we are not an emergency service and operate Monday- Friday 9am – 5 pm.**

If you need to access more urgent support, please consider the following:

* Request an urgent appointment with your GP.
* Contact the Mental Health Access Team Tel: 0808 196 4501
* Call NHS 111
* Attend your local A& E Department
* Contact the Samaritans Tel: 116 123 (Available: 24 hours / 365 days)

If you have any questions around the referral process, please contact us on: 01743 261035.

By submitting a referral, you consent for us to share information on our systems and agree to us contacting you. (For further information please request a copy of our privacy statement.)

NB Please only refer yourself if you are not receiving counselling or therapy from any other service.

**NB. For a referral to be processed please complete this form fully.**

**Thank -You**

**TO AVOID DELAY – PLEASE ENSURE ALL OF THIS FORM IS FILLED IN**

|  |  |
| --- | --- |
| Date  |  |

**Your Information**

|  |  |
| --- | --- |
| Name |  |
| Address  |  |
| Postcode |  |
| Date of birth |  |
| Hospital No |  |
| NHS Number |  |
| Home Phone |  |
| Mobile Phone |  |
| Permission to leave a message (Yes or No) |  |
| Next of Kin  |  |
| Relationship to you |  |
| Contact number for Next of Kin |  |
| Other relevant medical conditions (e.g., asthma, insulin dependent diabetes, epilepsy etc)  |  |

|  |  |
| --- | --- |
| Name of GP and Practice  |  |
| Practice Address |  |
| G.P. Contact Number |  |

**About Your Situation**

|  |  |
| --- | --- |
| Current Diagnosis & Date of diagnosis  |  |
| Current Treatment Plan |  |

**Why do You wish to access counselling?**

|  |
| --- |
|  |

**Additional Information** (is there anything else you think it would help us to know about you or your situation)

|  |
| --- |
|  |

|  |  |
| --- | --- |
| Have you accessed our services before? If so, when was this? |  |
| Have you experienced counselling in the past? |  |
| Are you currently receiving counselling or mental health support from any other service? |  |

**Please Email this form to:** **sath.hamarcentre@nhs.net**

**Or post to: The Hamar Centre, Royal Shrewsbury & Telford Trust, Mytton Oak Rd. SY3 8XQ**

**OFFICE INFORMATION ONLY**

|  |  |
| --- | --- |
| Date Referral received |  |
| Date Client contacted and offered appointment. |  |
| Patient not responded to contact.  |  |
| Date Assessment offered  |  |
| Time between Referral and assessment date |  |
| Patient’s preferred method of contact  |  Mobile Email  Landline  |
| Previous Counselling Notes  |  YES NO |
| Allocated Counsellor |  |
| Outcome of assessment  |  Counselling Offered  Did Not Attend Referred to other service. Declined offer & reason: |
| Number of sessions attended. |  |
| Number of Sessions not attended  |  |
| Has discharge measure been given.Date: |  |
| Has discharge measure been returned. Date:  |  |