



**Please complete this form as fully as possible – someone will be in touch to discuss your referral with you.** Note: By completing this form, you are aware that you are sharing your data with Macmillan / Family Action Social Prescribing Team.

Your surname:		Your GP Practice:	
Your first name:		Telephone number:	
Date of birth:		Practice email address:	
NHS Number:			
Gender:		Cancer diagnosis:	
Ethnicity:		Diagnosis date:	
Preferred contact method:		Diagnosis stage:	
Phone <input type="checkbox"/> Email <input type="checkbox"/> Text <input type="checkbox"/> Post <input type="checkbox"/> Next of kin <input type="checkbox"/> Other <input type="checkbox"/>			
If other, please note:			
Your address:		Language spoken:	
Your telephone number:		Language advocate needed?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Your email:		Any special assistance required:	
Contact details for next of kin / other (if required)		Any other information you would like to share:	

**What support / help would you like to receive from the Macmillan / Family Action Social Prescribing Team?**

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Relevant medical conditions:

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Other Relevant Information, e.g. carries EpiPen/other care agencies involved

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**Key facts for your information:**

You will be contacted by a Macmillan Social Prescriber ('SP') and offered an initial appointment. The SP will conduct a holistic needs assessment with you and potentially offer you further sessions based on identified needs and completed care plan.

Relevant criteria for this service:

- Registered with a GP in City & Hackney
- Received a cancer diagnosis

**Contact Details:**

If you like to receive further clarification/more information, please find contact details below:

**Email address:** [Macmillansp@family-action.org.uk](mailto:Macmillansp@family-action.org.uk)

**Telephone number:** 07900970721