**Self-Referral Form**

**Your details**

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| Full Name  |  |
| Date of Birth  |  |
| NHS Number (if known) |  |
| Home address |  |
| Contact Number  |  |
| Email Address |  |
| GP name, address, and postcode |  |
| Gender (please highlight) | Male Female Non-binary  |
| Ethnicity(please highlight) | White BritishWhite IrishWhite EuropeanWhite: OtherBlack, Black British: AfricanBlack, Black British: CaribbeanBlack, Black British: OtherAsian, Asian British: BangladeshiAsian, Asian British: IndianAsian, Asian British: PakistaniAsian, Asian British: ChineseAsian, Asian British: OtherMixed: White and AsianMixed, White and Black AfricanMixed: White and Black CaribbeanMixed: OtherAny other ethnic groupOther (please specify):Not known  |
| Which is your nearest clinic? (please indicate even though you may prefer a virtual consultation)  | LeedsManchester NewcastleSheffield Preston Liverpool |

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| **Reason for Referral (include gambling-related information)** |
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| **Mental Health and Physical Health**  |
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| **Please provide information on any risk related to yourself or other people** |
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| **Details of other services/organisations involved**  |
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| **Any other relevant information** (i.e., if you require an interpreter please inform us of the language required)  |
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**Methods of Communication**

Please provide consent to your preferred methods of communication (you can tick more than one)

|  |  |
| --- | --- |
|  | I consent to the following communication method: |
| Email (preferred) |  |
| SMS text  |  |
| Telephone |  |
| Post  |  |
| Voicemail |  |

The Trust would like your consent to communicate with you via SMS Text Messaging or e-Mail.

This may include appointments reminders, patient surveys, and other communications relevant to you and your care. Messages are generated by an NHS secure service, however they are transmitted over a public network to your personal phone or via the internet to your personal e-mail address, so we cannot guarantee the privacy of the message when it leaves our systems.

If you would like to receive SMS Text Messages or e-Mail, we will record your consent for this and start to communicate with you in this way. You can change your mind at any time – just tell us. Do make sure that if you change your telephone number or e-Mail address, tell us ASAP!

**If you opt into the text service you will receive a 4 day and 1 day appointment reminder prior to your appointment slot.**

Please tick:

|  |  |
| --- | --- |
| Yes |  |
| No |  |

**What happens next**

Following referral, you will be contacted in order to complete online questionnaires. An initial appointment will be booked upon receipt of their completed questionnaires.

Thank you for completing this form.

Please email it from a secure account to referral.ngs@nhs.net

If you are having problems with this form or you would like to discuss the referral with us in more detail, please call the NHS Northern Gambling Service on 0300 300 1490.