

## Community Based Services Self Referral Form

### ABOUT YOU

Title		Surname		Forename	
Address			Date of Birth		
Post Code		Telephone Number			
Mobile Phone		Email Address			

**YOUR ETHNICITY** (Please tick as appropriate) (The information you provide about your ethnicity is strictly confidential and will only be used for monitoring purposes and for promoting equalities within our services.)

<input type="checkbox"/> White British	<input type="checkbox"/> Asian/British Pakistani	<input type="checkbox"/> Other White	<input type="checkbox"/> Mixed White/Black African	
<input type="checkbox"/> Chinese	<input type="checkbox"/> Black/British African	<input type="checkbox"/> White Irish	<input type="checkbox"/> Asian/British Other Asian	
<input type="checkbox"/> Don't know	<input type="checkbox"/> Black/British Caribbean	<input type="checkbox"/> Mixed Other	<input type="checkbox"/> Asian/British Indian	
<input type="checkbox"/> Mixed White Asian	<input type="checkbox"/> Black /British Other Black	<input type="checkbox"/> Other Ethnic Group	<input type="checkbox"/> Asian/British Bangladeshi	

Do you have any speech difficulties?	YES	NO	
If Yes to above question please explain			
Do you have any hearing difficulties?	YES	NO	
If Yes to above question please explain			
What is your first language?			
Do you need an interpreter?			
Has an interpreter been arranged (if required)?			

What is the name of your GP	
GP Address	
Post Code	Telephone Number

### Why do you want to make a referral to Community Based Services?

(Please give some brief comments about what you need help with)

### Are there any family /friends/carers who are helping you in any way?

Please comment

Are there any carers, who help you, who would like to have their needs as a carer assessed? If yes please give their name and address.

Thank you for completing this form, please send it to the address below: -  
**Adult Social Care Direct, Gateshead Civic Centre, Regent Street, Gateshead, NE8 1HH**  
**Telephone 0191 4337033 or Fax 0191 4332334**

Please be aware that we will share the details you provide on this form with internal departments or external agencies, only where this is necessary, in order to further your referral.