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**Hertfordshire Macmillan Benefit Advice Service**

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| --- | --- | --- | --- |
| Date of referral |  | Referral Method | Choose an item. |

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| The service is a partnership between Macmillan Cancer Support and Hertfordshire County Council (HCC). This data will be recorded by HCC and will be used to provide the service. Do you (or does client) agree? | | | | | Yes | |
|  | | | | | | |
|  | | | | | | |
| Title |  | Name | |  | | |
| Address |  | | | | | |
| DOB |  | Landline | |  | | |
| Mobile |  | NINO | |  | | |
| Email |  | | | | | |
| Ethnicity | Choose an item. | | | | | |
| Cancer type | Choose an item. | | | | | |
| Pathway Point | Choose an item. | | | | | |
| Date of diagnosis |  | | | | | |
| Special Rules? | Choose an item. | | Client Aware of Prognosis? | | | Choose an item. |
| GP Details |  | | | | | |
| Consultant Details |  | | | | | |
| CNS Details |  | | | | | |
| Client Status? | Choose an item. | | | | | |

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| Referrer’s Details | | | |
| Name |  | | |
| Role |  | | |
| Team Location and Address |  | | |
| Tel. and mob. |  | | |
| Email |  | | |
| Referral Source | | | Choose an item. |
| Is referral from any of listed settings? | | | Choose an item. |
| Reason for referral | | |  |
| Risk assessment, particularly any known risks to staff | | |  |
|  | | |  |
| Carer’s details if relevant | | | |
| Name | |  | |
| Telephone number | |  | |
| Should contact go through Carer? | |  | |

**When complete please e-mail to** [**macmillan.benefitsadviceservice@hertfordshire.gov.uk**](mailto:macmillan.benefitsadviceservice@hertfordshire.gov.uk)

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