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**Hertfordshire Macmillan Benefits Advice Service**

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| --- | --- | --- | --- |
| Date of Referral |  | Referral Method | Email/FTF/Letter/MSL/Telephone |

|  |  |
| --- | --- |
| Client consent for referral and for HCC to record data? | Yes or No |
| Client Details |
| Title |  | Name |  |
| Address |  |
| DoB |  | Landline |  |
| Mobile |  | NINO |  |
| Email  |  |
| Ethnicity(please indicate) | Asian or Asian British – BangladeshiAsian or Asian British – IndianAsian or Asian British – PakistaniAsian/Asian British - any other Asian backgroundBlack or Black British – AfricanBlack or Black British – CaribbeanBlack/Black British - any other Black backgroundHCS client prefers not to sayMixed - any other Mixed backgroundMixed - White and AsianMixed - White and Black African | Mixed - White and Black CaribbeanNo initial client contactNot CollectedOther Ethnic Groups – ArabOther Ethnic Groups – ChineseOther Ethnic Groups – other Ethnic groupWhite - any other White backgroundWhite – BritishWhite - Gypsy/RomaWhite – IrishWhite - Traveller of Irish Heritage |
| Cancer type(please indicate) | BreastGynaeHaematologyHead and NeckLiver and pancreas (hepato-biliary)Lower gastro-intestinal (GI)LungPalliative CareProstate | SkinTesticularUpper gastro-intestinalUrologicalOtherNot knownNot applicable - advice given to partner, carer or post-bereavement |
| Pathway Point | Diagnosis and staging End of Life | Palliative Care Treatment |
| Date of diagnosis |  |
| Do Special Rules apply? | Yes/No | Client aware of prognosis? | Yes/No |
| GP Details |  |
| Consultant Details |  |
| Client Status (please indicate) | Patient Carer Family member |
| Referrer’s Details |
| Name |  |
| Role |  |
| Team Location and Address |  |
| Tel. and mob. |  |
| Email |  |
| Referral Source (please indicate) |
| Clinic – breastClinic – gynaeClinic – haematologyClinic - head and neckClinic - liver and pancreas (hepato-biliary)Clinic - lower gastro-intestinal (GI)Clinic – lungClinic – prostateClinic – skinClinic – testicularClinic - upper gastro-intestinalClinic – urologicalClinic – otherCarer | electronic Holistic Needs Assessment (eHNA)Family or FriendHospiceHospital wardLocal Authority or social workerMacmillan Information & Support CentreOther or not specifiedPalliative Care teamPrimary care e.g. GP or District Nurse or Community NurseRadiotherapy review clinicSelf-referralVoluntary sectorOutward referrals or signposting made |
| Is referral from any of listed settings? (please indicate) |
| Age UKBarnet HospitalCABCarers in HertsGarden House HospiceHemel Hempstead HospitalHertford HospitalHertsHelpHospice of St Francis | Isobel HospiceLister HospitalMt Vernon Cancer CentrePeace HospiceQE11Rennie Grove HospiceSt Albans City HospitalWatford General Hospital |
| Reason for referral  |
|  |
| Risk assessment, particularly any known risks to staff |
|  |
| Carer’s details if relevant |
| Name |  |
| Telephone number |  |
| Should contact go through Carer? |  |

**Email:** **macmillan.benefitsadviceservice@hertfordshire.gov.uk** **or post to**

 **Money Advice Unit, SFAR011, Farnham House, Six Hills Way, Stevenage, Herts., SG1 2FQ**