

**LEARNING DISABILITIES HEALTH FACILITATION TEAM
REFERRAL FORM**

Patient's Name:	DOB		
Full Address:	House/Bungalow/Flat		
Postcode	Carer Details (family/sheltered housing etc)		
Telephone Number	NHS Number:		
Ethnicity:	1st language:		
Next of Kin:			
GP:	GP Address:		
Referrer's name:	Telephone No:		
Base or Relationship of referrer:			
Is the client aware of the Referral Yes / No			
Other Professionals Involved:			
What are the client's needs:			
Referral for Support from the Health Facilitator, Learning Disability Team. Please send your referral to the Health Facilitator for your area listed below			
Newark & Sherwood (Marie Mcgahey) Hawtonville HC, St Marys Gdns, Newark, Notts NG24 4JQ	Principia/ Nottingham West (Ruth Martin) Stapleford CC Church Street Stapleford Notts NG9 8DB	Highpoint (Gemma Del Toro) Bull Farm PCRC, Concorde Way, Millennium Business Park, Mansfield, NG19 7JZ Fax: 01623 672142	Nottingham East (Mo Major) Park House, 61 Burton Road, Carlton Notts NG4 3DQ
Date Received:	Time Received:	Referral taken by:	