

confidential

support referral form for professionals

- This form must be completed by a **Healthcare or Social Care professional**. Patients and relatives **cannot** complete this form.
- Has consent been obtained from the patient/relative for the application to be made and the sharing of their data with YBTC. **Yes:**
- The personal information and medical details on this form will only be used by YBTC for the use of processing this enquiry. We will not disclose this information to other organisations.

Submitting Completed Forms

Post completed forms to:
YBTC
31 Otley Road
Headingley
Leeds
LS6 3AA

Or email them to: info@yorksbtc.org.uk

patient details

Title: First Name: Surname: DOB:
Email Address: Telephone No:
Current/Previous Occupation:
Address: Postcode:

applicant details (health or social care professional)

Title: First Name: Surname: DOB:
Email Address: Telephone No:
Job Title:
Work Address: Postcode:
Signature: Date:

Declaration: I believe to the best of my knowledge that the information on this application is correct.

Note: We cannot process an application if this section is not completed.



medical details

Does the above named person have a primary brain tumour? YES NO

Diagnosis:

Date of diagnosis:

Is the patient aware of the diagnosis? YES NO

Current or previous treatment, (Surgery, Radiotherapy, Chemotherapy):

Hospital Consultant:

Hospital where the patient has received/ is receiving their treatment:

GP. Including the address and contact telephone number.

Name:

Address:

Telephone No:

reason for referral/enquiry

Please tick as appropriate:

Benefits Clinic

Patient Grants

Support Groups

Counselling

Complimentary Therapy

General Information

Any other information you would like to provide/other support requested:



www.yorksbtc.org.uk | Tel: 0113 340 0111 | info@yorksbtc.org.uk

YBTC, 31 Otley Road, Headingley, Leeds, LS6 3AA

Registered Charity No: 1095931



guidance notes - completing the form

section 1 - patient details

Consent for the use of personal data and for the application of the grant must be obtained from the patient. If a patient is unable to give consent, ie they are a minor, then a parent or someone with power of attorney for the patient should give consent.

section 2 - applicant details

Referrals must be completed and signed by a healthcare or social care professional. If you are applying for a patient grant on behalf of a patient please use our patient grant application form (and not this form).

section 3 - medical report

The medical report enables YBTC to offer appropriate support for the patient and will only be used by the team in relation to offering support.