confidential

# support referral form

The personal information and medical details on this form will only be used by YBTC for the use of processing this application for support. 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

## your details

Title: First Name: Surname: DOB:

Email Address: Telephone No:

Current/Previous Occupation:

Address: Postcode:

If we call can we leave a voicemail? Yes No

## medical details

Do you have a primary brain tumour? Yes No Date of diagnosis:

Diagnosis:

## reason for referral/enquiry

I would like more information about: (Please tick as appropriate)

- Benefits Clinic
- Patient Grants
- Support Groups
- Counselling
- Complimentary Therapy
- General information about the support you provide

Any other information you would like to provide:

## authorisation

I agree to the information contained in this form being passed onto the YBTC Support Services Team and I give consent to be contacted in relation to my enquiry.

Signed: Date:

This form will be passed onto our YBTC Support Services Team. You can expect a response to this form within 7 working days.