|  |
| --- |
| **Client Details** |
| **Title and full name** |  |
| **Known as**  |  |
| **Gender** |  |
| **Ethnicity** |  |
| **NHS number (if known)** |  |
| **Date of Birth** |  |
| **Address****(Including postcode)** |  |
| **Preferred Contact number** |  |
| **Email Address** |  |
| **Are you happy for us to leave a voicemail?** | **Yes** [ ]  **/ No** [ ]  |
| **Are you happy for us to send you a text?** | **Yes** [ ]  **/ No** [ ]  |
| **GP Surgery** |  |
| **Name of Emergency Contact** |  |
| **Relationship of Emergency Contact to you** |  |
| **Phone number of Emergency Contact** |  |
| **If bereaved, please give name and surname of deceased:** | **Relationship to you** | **Date of Death** |
|  |  |  |

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| **What support are you looking for?** |
| I have a palliative diagnosis and would like support. Someone close to me has a palliative diagnosis and I would like support. I am bereaved and would like support. |
| **Please tell us your main concerns at the moment.** |
|  |
| **I am interested in the following.** Individual Counselling Group Support   Advice and information Social Support  |
| **What other support do you have at the moment, please give details of any other services who are supporting you, including mental health services** |
|  |

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| **Referrer Details** |
| **Self-Referral** |  |
| **Name of Referrer** |  |
| **Organisation Name** |  |
| **Telephone Number**  |  |
| **Email Address** |  |
| **Relationship to referred:** |  |
| **Has the client given consent for this referral?** | Yes [ ]  / No [ ]  |

|  |  |  |
| --- | --- | --- |
| **Can we contact you about hospice news and events?**  | **By email** | **By Post** |
| Yes[ ]  **/** No[ ]  | Yes[ ]  **/** No[ ]  |

**Data Protection Act 1998**

In order to help you we need to maintain a record of your case, which contains “sensitive personal data”. The law says that we must acquire your consent to do this. Everything you convey to us will be treated with the strictest confidentiality. The data Protection Act 1998 defines “sensitive personal data” as information relating to; racial or ethnic origin, political opinions, and religious beliefs or beliefs of a similar nature, membership within a trade union, physical or mental health or condition, sexual preference or sexual life, offences and/or convictions.

**Client Consent**

**I agree to KEMP Hospice acting on my behalf and to holding personal data as defined by The Data Protection Act 1998. This data may be added to an anonymous and confidential database and may be used to create statistics and evaluations. I authorise you to use my anonymous data in this way.**

**🞏 I consent to KEMP holding my personal data in this way.**

**If you are accessing other KEMP services, we may share with them information about your support, however we will not share confidential details of the content of any counselling sessions you have with our team.**

**🞏 I consent to my attendance for counselling or group support being shared across the organisation in this way.**

**What is your availability for appointments:**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
|  | **Monday** | **Tuesday** | **Wednesday** | **Thursday** | **Friday** | **Flexible** |
| **am** |  |  |  |  |  |  |
| **pm** |  |  |  |  |  |  |

|  |  |
| --- | --- |
| **Completed by:** |  |
| **Date:** |  |

**Once we have received your referral, the team will review it, we will then contact you for any further information that we need. This may be a self-assessment questionnaire or a telephone call.**

**If you do not use email and would prefer us to send written documents by post, please tick here.**

**Enquiries Ring – 01562 756060**

**Email:** **familysupport@kemphospice.org.uk**

**KEMP Hospice, 41 Mason Road, Kidderminster, DY11 6AG.**