

THE OAK CENTRE SELF-REFERRAL FORM

In order to access The Oak Centre, please complete the information below. You can either:

- **Send** your completed form to The Oak Centre, Wigan & Leigh Hospice, Kildare Street, Hindley, Wigan WN2 3HZ
- Hand it to a member of The Oak Centre staff
- **Telephone** The Oak Centre on 01942 525566 and your details will be taken over the phone
- Email it to oakcentre@wlh.org.uk

You will then be contacted to arrange for you to meet a member of The Oak Centre team to discuss your needs and how the service might be able to help you.

| Name | | | | | | |
|--------------------|---|----------|----------|--|--|--|
| Address | | | | | | |
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| Telephone | Home: | | | | | |
| number | 11011101 | | | | | |
| Hamber | Mobile: | | | | | |
| | MODILE. | | | | | |
| | Preferred contact number: Home / Mobile | | | | | |
| | | | | | | |
| | Permission to leave a message: Yes / No | | | | | |
| Data of Disth | | | | | | |
| Date of Birth | | | | | | |
| Medical condition | | | | | | |
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| What problems | | | | | | |
| would you like | | | | | | |
| help with? | | | | | | |
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| GP name and | | | | | | |
| contact details | | | | | | |
| Contact details | | | | | | |
| | | | | | | |
| Consent to share | | | | | | |
| | Vaa / Na | | | | | |
| form completed | Yes / No | | | | | |
| Office use only: | | Oli I | N / N . | | | |
| Referral to be | Yes / No | Client | Yes / No | | | |
| processed | | informed | | | | |
| Date referral | | | | | | |
| completed/received | | | | | | |