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| **Self-Referral to Newcastle / Gateshead**  **PRIVATE AND CONFIDENTIAL**  **Dynamic Support Register (DSR)** | | | | | | | |
| **Today's Date:** |  | **Please fill in the details of the person being referred. This may be yourself or someone you care for.** | | | | | |
| **Individual Name:** |  | **Address:** |  | | | | |
| **Date of Birth:** |  | **Email:** |  | | **Telephone:** | |  |
| **GP Practice:** |  | | | | **NHS No: (If known)** | |  |
| **If you are filling in this form for someone else please let us know about yourself here.** | | | | | | | |
| **Your Name:** |  | **Relationship to individual:** |  | **Contact Details: (phone/email)** | |  | |
| **Please use the space below to say why you think you / this person should be added to the Dynamic Support Register.**  **Please also complete a consent form and send with this referral.**  **(If you have printed this form and need more space, please use a separate sheet)** | | | | | | | |
|  | | | | | | | |
| **What Happens Next?**  Our Clinical Lead will review the referral and decide whether or not you need to be added to the DSR. If hospital admission seems likely then a Care Education and Treatment Review (CETR) might be arranged for you as well. They may contact you if they need further information. You will be informed of the outcome and given information for other services if necessary. | | | | | | | |

**Once the Form is fully completed, please send it along with a competed consent form to nencicb-ng.ctr@nhs.net**