



Macmillan and Levi's Star

Children and Young People's Brain Tumour Outreach Service

REFERRAL FORM (0-18 year olds)

PERSONAL PROFILE	
Child's Name:	Male or Female:
Date of Birth:	Age:
Mother's Name:	Father's Name:
Person/s with parental responsibility:	
Home Address:	
Contact Tel No/s (Mother):	Contact Tel No/s (Father):
Email Address (Mother):	Email Address (Father):
REFERRER	
Name of Referrer:	Designation:
Address:	
Contact Telephone Number:	Email Address:
Date of Referral:	Signed:
MORE ABOUT THE CHILD	
Type of Brain Tumour:	
Date of Diagnosis/Duration of Treatment:	
Name of Consultant:	
Name of Social Worker:	
Name of School/College:	

MORE ABOUT THE CHILD (cont ...)

Educational History:

Has the child got an Education Health and Care Plan? Yes No

Any difficulty at school/college - please provide as much detail as possible:

Reason for referral, including any key dates. Please provide as much detail as possible:

Ethnic Origin: (Please tick relevant box)

Asian or Asian British:

- Bangladeshi
- Indian
- Pakistani
- Any Other Asian Background

Black or Black British:

- African
- Caribbean
- Any Other Black Background

Chinese:

Any Other Ethnic Background (please state):

Mixed:

- White and Asian
- White and Black African
- White and Black Caribbean
- Any Other mixed Background

White:

- British
- Irish
- Gypsy Roma
- Traveller of Irish Heritage
- White European
- Any Other White Background

Nationality:

Child's First Language:

Does the child require an Interpreter? Yes No

Does either parent require an Interpreter?

If Yes, please tick: Mother Father Both

Please state Language:

Parents Religion:

Child's Religion if different:

State child's specific religious needs:

Return completed form to: For attention of Vicky Ringer, Nova, 11 Upper York St, Wakefield WF1 3LQ
Or email to: vicky.ringer@nova-wd.org.uk Tel: 07393 298441