

LIVING WITH CANCER IN DUNDEE?

**WE ARE
MACMILLAN.
CANCER SUPPORT**

**Dundee Macmillan
Improving the Cancer Journey
Referral Form**

Together with Macmillan

Dundee
Health & Social Care
Partnership



Personal details

Title First name Surname
DOB CHI
Address Postcode
Telephone Mobile
Email

More about you

I am: Living with cancer Caring for someone with cancer
 Related to someone with cancer

Cancer type:

Date of diagnosis:

Use this space if you'd like to tell us anything else about yourself:

How did you hear about us? Tick the relevant box(es):

<input type="checkbox"/> Hospital	<input type="checkbox"/> GP
<input type="checkbox"/> I received a letter	<input type="checkbox"/> Council Advice Services
<input type="checkbox"/> Website	<input type="checkbox"/> Local or community organisation
<input type="checkbox"/> Word of mouth	<input type="checkbox"/> Other Macmillan service
<input type="checkbox"/> Other (Please tell us who):	

Permissions:

1. I agree to the NHS sharing limited clinical information about my diagnosis
Yes No
2. I agree to the information I provide being held by Dundee City Council for the purpose of the Improving the Cancer Journey service
Yes No
3. I agree that my information can be shared with other local services, public bodies and voluntary organisations, so that they can offer me relevant support and advice
Yes No