



RECOMMENDATION FORM

Patient's name:-

Preferred Telephone number:-

GP Practice:-

Other:-

I believe that the above patient would benefit from using the Hummingbird Counselling Service. The patient understands that the Hummingbird Centre will contact him/her on the Preferred Telephone number above. Please tick if the patient is happy for the Hummingbird Centre to leave a message on the Preferred Telephone number above. [] –

Please email to Mechelle@thehummingbirdcentre.org.uk

Please note that if the Hummingbird Centre assesses a patient as having needs which are too complex or severe to be adequately catered for by the service, we will sign post that patient back to the recommending GP.

All counselling sessions provided by The Hummingbird Cancer Support & Therapy Centre is strictly private and confidential

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