



REFERRAL FORM

Under the Data Protection Act 1998 (GDPR) all the information that you provide to us is confidential and not shared with a third party, once completed the information will be kept in a secure cabinet, will not be disclosed to any other parties out of The Hummingbird Centre. If for any reason you are unsuccessful with your application all your information will be destroyed in accordance with The Hummingbird Centre and Data Protection Act requirements.

Patient's name

Preferred Telephone number

I believe that the above patient would benefit from using the Hummingbird Cancer Support and Therapy Centre services.

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. []

Surgery/Hospital/Other:.....

Doctors/Consultants/ Name:.....

Email Address:-

Once we have made contact with your patient would you like to know? Y () N ()

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