

 Charity Number 1180354

**SELF-REFERRAL FORM**

**YOUR DETAILS & CONTACT INFORMATION**

|  |  |
| --- | --- |
| **Date of referral** |  |
| **Your name** |  |
| **Your title e.g. Mr, Mrs, Miss, Ms, Dr etc** |  |
| **Your date of birth** |  |
| **Your address** |  |
| **Your telephone number** |  |
| **Your email**  |  |
| **How would you prefer us to contact you e.g. Telephone? Email?** |  |
| **Reason you are referring yourself to Dementia Friendly Parishes around the Yealm.** |  |
| **Do you have any issues with your health that it is important for us to know about?** **Do you have any mobility difficulties?****If yes to any of the above, please give us details.** |  |

**All the information provided will remain strictly confidential within the charity.**

**Your Signature:**

**Thank you for your referral to us-We will make contact with you soon.**