|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Self-referral to North East North Cumbria ICB Dynamic Support Register (DSR) | | | | | |
| **Today’s date:** |  | **Please fill in the details of the person (the 'individual') being referred; this may be yourself or someone you care for.** | | | |
| **Individual's name:** |  | **Address:** |  | | |
| **Date of birth:** |  | **E-mail:** |  | **Telephone:** |  |
| **GP Practice:** |  | | | **NHS no (if known):** |  |
| **If you are filling in this form for someone else, please provide your details below.** | | | | | |
| **Your name:** |  | **Relationship to individual:** |  | **Contact details: (Phone/email)** |  |
| Please use the space below to say why you think you/this individual should be added to DSR.  (If you have printed this form and need more space, please use a separate sheet) | | | | | |
|  | | | | | |

Please tick the correct area box below.

|  |  |
| --- | --- |
| **North Cumbria** |  |
| **Newcastle Gateshead** |  |
| **North Tyneside** |  |
| **Northumberland** |  |
| **South Tyneside** |  |
| **Sunderland** |  |
| **County Durham & Tees Valley** |  |

Once the form has been completed, send it by email to [nencicb.ctr.dsr.referrals@nhs.net](mailto:nencicb.ctr.dsr.referrals@nhs.net)

Please ensure your email is titled clearly in the subject line as follows: **DSR Self-Referral – (add area)**

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| --- |
| **What happens next?**  Our clinical lead will review the referral and decide whether or not you need to be added to DSR. They may contact you if they need further information. You will be informed of the outcome and given information for other services if necessary. |