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| --- | --- | --- | --- | --- | --- |
| 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) | | | | | |
|  | | | | | |
| **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. | | | | | |

**Once the form is fully completed, please send via email to the relevant address below for your local ICB area:**

**North Cumbria:** [nencicb-cu.ctr-dsr@nhs.net](mailto:nencicb-cu.ctr-dsr@nhs.net)

**Newcastle Gateshead:** [nencicb-ng.ctr@nhs.net](mailto:nencicb-ng.ctr@nhs.net)

**North Tyneside:** [nencicb-nor.nlanddsr-cetr@nhs.net](mailto:nencicb-nor.nlanddsr-cetr@nhs.net)

**Northumberland:** [nencicb-nor.nlanddsr-cetr@nhs.net](mailto:nencicb-nor.nlanddsr-cetr@nhs.net)

**South Tyneside:** [yvc.uk@nhs.net](mailto:yvc.uk@nhs.net)

**Sunderland:** [connor.mcphillips2@nhs.net](mailto:connor.mcphillips2@nhs.net)

**County Durham & Tees** **Valley:** [nencicb-tv.ddtpartnershipctr@nhs.net](mailto:nencicb-tv.ddtpartnershipctr@nhs.net)