**Icon

Description automatically generated****Gambling Service Referral Form**

Referrals can be made by telephone on **0191 5623309** or by completing the referral form and sending it via secure email to [Gambling.Referrals@neca.cjsm.net](mailto:Gambling.Referrals@neca.cjsm.net)

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Client Details** | | | | | | | | | | | | | | | |
| Name: | Click here to enter text. | | | | | | | | | | | | | | |
| Address: | Click here to enter text. | | | | | | | | | | | | | | |
| Home Phone: | Click here to enter text. | | | | | Mobile Phone: | | | | Click here to enter text. | | | | | |
| Email: | Click here to enter text. | | | | | | | | | | | | | | |
| Date of birth: | Click here to enter text. | | | | | | | | | | | | | | |
| **Consent to contact** (Tick all that apply) | | | | | | | | | | | | | | | |
| Letter | | |  | Availability:  Click here to enter text. | | | | | | | | | | | |
| Home phone | | |  |
| Home phone voicemail | | |  |
| Mobile | | |  |
| Mobile voicemail | | |  |
| Text | | |  |
| Email | | |  |
| Consent to contact referral agency | | |  |
| **Presenting Issues** | | | | | | | | | | | | | | | |
| Problem Gambler | | |  | Any identified risks/ concerns:  Click here to enter text. | | | | | | | | | | | |
| Person at risk of a gambling problem | | |  |
| Partner | | |  |
| Family Member/ Friend | | |  |
| Previously accessed services by GamCare/GamCare Partner Agency | | | | | | | | Yes | |  | No |  | | Prefer not to say |  |
| **Referrer Details** | | | | | | | | | | | | | | | |
| Name: | | Click here to enter text. | | | | | Referral  Date: | | | | | | Click here to enter text. | | |
| Organisation: | | Click here to enter text. | | | | | | | | | | | | | |
| Address: | | Click here to enter text. | | | | | | | | | | | | | |
| Contact number: | | Click here to enter text. | | | | | | | | | | | | | |
| Email: | | Click here to enter text. | | | | | | | | | | | | | |
| Client consent to share basic information with the referrer i.e., date of appointment and attendance: | | | | | Yes | |  | | No |  |  | | | | |