

**Self-Referrals are accepted over the phone, face-to-face and electronically.**

**If completing electronically, please password protect and send password and form separately by email to:**

michael.dawes@al-hurraya.org

**GAMBLING SERVICE SELF-REFERRAL FORM**

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| **Forename: Surname:**  **D.O.B: Male Female****Contact Number:****Email:****Address:****Postcode:** |

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| **Please Select Preferred Methods of Contact:** | **Phone:****Voicemail:****Email:****Post:** |

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| **GP:****Practice:****Seen GP in last 18 months?****Reason:** |

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| **Are you a gambler or an affected other?****Brief overview of gambling history duration and types:****Are you being supported by any other Agencies or Professionals? (Please include historic support)** |

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| **For Office Use Only** **Self-Referral by: Telephone Email Face-to-Face****Allocated to:****Any other information:****Received by: Date:**  |