

**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:** |