

Admin Box only

Date received:

Patient ID:



Kent Community Health
NHS Foundation Trust

Referral to the Community Learning Disability Team (18+)



If you need help to complete this form, call us on **0300 123 4195**



Tell us about you!



Do you have a learning Disability? (Please circle the answer below)



Yes



No

| HELLO my name is |
|---------------------|
| |

What is your name?



Where do you live? Write down your address.



When is your birthday and how old are you?



What number can we call you on?

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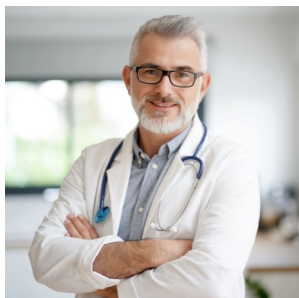
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Tell us about the people who help you!



What is your doctors name?

Where do you go to see your doctor?



Do you have a social worker? What is your social workers name?

Is there anyone else we can speak to about the help you need such as family/carers?

Name:

Phone Number:

Who are they to you? Family/Carer?

Name:

Phone Number:

Who are they to you? Family/Carer?



What can we do to help you?

Once you have filled out the form, send it to us:



By email to **kentchft.ldsref@nhs.net**

OR



By post to:
**LD Central Referral Service
Eversley House
19 Horn Street
Seabrook
Hythe
Kent
CT21 5SB**