

**Berkshire Benefits Service
Reading CAB
Minster Street
Reading RG1 2JB
(Referral/Admin line only)
Telephone: 01189 523027
Fax Number: 01189 523050**

INCOMING REFERRAL FORM

Name & address of referring organisation:

Name of Case Worker/Health Professional:

Contact telephone number:

Name of Client:

Address:

Contact Telephone number:

Appointment date & time: (for Berkshire Benefits Service use only)

What are the client's main issues/concerns?

Is the person you are referring:

A cancer patient **Yes/No**

A family member of a cancer patient **Yes/No**

A carer of a cancer patient **Yes/No**

When was the patient first diagnosed with cancer?

What treatment has been prescribed for the patient?

Would you be willing to support the patient with information in support of benefit claims (where appropriate)? Yes/No

Please add any additional information you think we might find useful:

Client declaration:

I hereby give permission for my case to be referred to the Berkshire Benefits Service/Reading CAB. I agree that the Berkshire Benefits Service may discuss my case with the referring organisation as far as is necessary.

Signed:

Date: