

# All Together Better

Better Health and Care  
for Sunderland

## Caring for Someone with a Chronic Condition – Referral Form

Title: \_\_\_\_\_ First Name: \_\_\_\_\_ Surname: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_ Postcode: \_\_\_\_\_

Phone: \_\_\_\_\_

Email: \_\_\_\_\_

Please **check** your preferred method of communication:

Phone  Email  Post  SMS

Can you **please check** the chronic conditions where you think you would benefit from more information:

Respiratory (i.e. COPD)

Heart failure

Deep vein thrombosis

Diabetes

Other please state: \_\_\_\_\_

Do you have anything that you would like to ask or is there anything that you would like to let us know prior to the course starting?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

If you would like a chat about anything on this form, please give either Karen Bailey or Val Armstrong a ring on **0191 549 3768**.

And please return to us in the enclosed envelope:

**Sunderland Carers Centre**

Thompson Park

Thompson Road

Sunderland

SR5 1SF