

Engineer	Date allocated	Date completed	Completed status	Number
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LEICESTERSHIRE & RUTLAND PANEL

Referral Form

All details of a person's disability or medical history are treated in absolute confidence and no member of a Remap Panel can offer medical advice or opinion.

Tick one please...

This referral is from: (self referral) **The Client** or **Guardian** *or* **A Health Care Professional** *or* **Spouse or Other**

Client *(The person that our work will directly help)*

Name: Mr/Mrs/Miss/Ms	Date of birth:
Email:	Phone(s):
Address:	
Nature of disability:	
Problem for which help is required:	

Any Other Information ? Continue on a separate sheet please

Photography: *We often use photographs or video clips of our work to promote REMAP and raise funds to pay for our free service to you. **IF YOU DO NOT** wish to be photographed please tick this box.*

How did you hear of us? :

Client or guardian's signature: <i>(Print name here if emailing this form back)</i>	Date:
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Client's Health Care Professional or Other Responsible Referrer

Name: Mr/Mrs/Miss/Ms	Relationship to Client:
Email:	Phone(s):
Address:	
Referrer's Signature <i>(Print name here if emailing this form back)</i>	Organisation if applicable:

Please return this form to...

Note that the Panel meets on the second Monday of each month where your case will be discussed & you should be contacted soon thereafter.

Email (preferred): secretary@remapleics.org.uk
or Post to: REMAP Leicestershire - Panel Secretary
c/o Graham Law
126 Leicester Road, Thurmaston
Leicester LE7 7JJ

To contact the Panel urgently, please telephone one of the following committee members:

Chairman	Mr Neil Curwen	0116 292 8088
Secretary	Mr Graham Law	0116 236 5520
Treasurer	Mr Martin Grant	0116 240 2803