



# CLAN CANCER SUPPORT CLIENT FORM



The information on this form will be added onto the secure CLAN database, for administration, service delivery, monitoring and evaluation. The data obtained from this referral form will be stored and shared in accordance with the General Data Protection Regulation ((EU) 2016/679) and any other data protection legislation which may amend or supersede the GDPR. For further information regarding CLANs approach to data privacy, please visit our full privacy notice at [www.clanhouse.org/privacy-notice](http://www.clanhouse.org/privacy-notice)

**CLIENT SIGNATURE:** \_\_\_\_\_ **Date** \_\_\_\_\_

**Please tick the CLAN Centre**

<input type="checkbox"/> CLAN House	<input type="checkbox"/> CLAN Haven	<input type="checkbox"/> CLAN Orkney	<input type="checkbox"/> CLAN Shetland	<input type="checkbox"/> CLAN Inverurie
<input type="checkbox"/> Clan Elgin	<input type="checkbox"/> CLAN Forres	<input type="checkbox"/> CLAN Buckie	<input type="checkbox"/> CLAN Lossiemouth	<input type="checkbox"/> CLAN Crimond
<input type="checkbox"/> CLAN Turriff	<input type="checkbox"/> CLAN Ballater	<input type="checkbox"/> CLAN Banchory		

CLIENT DETAILS (please print)	
<b>Title</b>	Mr/Mrs/Miss/Ms/Master/Dr
<b>Surname</b>	
<b>Forename</b>	
<b>Date of Birth</b>	Day ____ / Month _____ / Year _____
<b>Address Line 1</b>	
<b>Address Line 2</b>	
<b>Address Line 3 Town</b>	<b>Postcode</b>
<b>Address Line 4 County</b>	
<b>Email address</b>	<input type="checkbox"/> Consent given to contact you on this email
<b>Telephone number</b>	_____ <input type="checkbox"/> Consent given to contact you on these numbers
<b>Mobile number</b>	_____ <input type="checkbox"/> Consent to leave a message
	_____ <input type="checkbox"/> Would you like an appointment reminder call?
<b>Gender</b>	<input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Other
<b>Ethnicity</b>	<b>White:</b> British <input type="checkbox"/> English <input type="checkbox"/> Scottish <input type="checkbox"/> Welsh <input type="checkbox"/> Irish <input type="checkbox"/> Other <input type="checkbox"/> <b>Mixed:</b> White & Black Caribbean <input type="checkbox"/> White & Black African <input type="checkbox"/> White & Asian <input type="checkbox"/> Other <input type="checkbox"/> <b>Asian, Asian British:</b> Indian <input type="checkbox"/> Pakistani <input type="checkbox"/> Bangladeshi <input type="checkbox"/> Chinese <input type="checkbox"/> Other <input type="checkbox"/> <b>Black/African/Caribbean/Black UK:</b> Caribbean <input type="checkbox"/> African <input type="checkbox"/> Other <input type="checkbox"/> <b>Other ethnic group:</b> Arab <input type="checkbox"/> Arab British <input type="checkbox"/> Other ethnic group <input type="checkbox"/> Do not wish to disclose <input type="checkbox"/>
<b>CLAN Haven Guest?</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No

**CLIENT INFORMATION (please print)**

<b>Emergency contact details:</b>	Name _____ Contact Number _____
<b>Do you consider yourself to have a disability?</b> If yes, would you require assistance in the event of an evacuation?	<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>Do you have any special requirements?</b>	<input type="checkbox"/> Interpreter <input type="checkbox"/> Sign language <input type="checkbox"/> Wheelchair access <input type="checkbox"/> Childcare (Provision is dependent on availability of resources)
<b>Service user group:</b>	<input type="checkbox"/> Cancer patient <input type="checkbox"/> Spouse/partner of cancer patient <input type="checkbox"/> Relative <input type="checkbox"/> Carer <input type="checkbox"/> Friend <input type="checkbox"/> Colleague <input type="checkbox"/> Volunteer/staff <input type="checkbox"/> Bereaved client
<b>If cancer patient:</b>	<input type="checkbox"/> Newly diagnosed <input type="checkbox"/> Active treatment <input type="checkbox"/> Post treatment <input type="checkbox"/> Pre-diagnosis <input type="checkbox"/> Palliative <input type="checkbox"/> Ongoing/regular checks  <b>Cancer Type:</b> _____

**GENERAL INFORMATION**

**How can CLAN help you?**

<input type="checkbox"/> Children and Family Service support	<input type="checkbox"/> Counselling
<input type="checkbox"/> Peer support	<input type="checkbox"/> Complementary therapy
<input type="checkbox"/> Drop-in listening and support service	<input type="checkbox"/> Beauty therapy
<input type="checkbox"/> Haven accommodation	<input type="checkbox"/> Hair salon and wig styling
<input type="checkbox"/> Transport	<input type="checkbox"/> Wellbeing groups
<input type="checkbox"/> Access to resources/information	<input type="checkbox"/> Benefits advice
<input type="checkbox"/> Other (please detail)	

**How did you hear about CLAN?**

<input type="checkbox"/> CLAN event	<input type="checkbox"/> Consultant/Nurse	<input type="checkbox"/> Family/friend	<input type="checkbox"/> Self
<input type="checkbox"/> Social media	<input type="checkbox"/> Work/College/School	<input type="checkbox"/> GP	<input type="checkbox"/> Press
<input type="checkbox"/> Website	<input type="checkbox"/> Other		

**For Office Use Only:**

C/log ID Number (to be completed by member of staff) \_\_\_\_\_

Seen on first visit (name of volunteer/staff member) \_\_\_\_\_ Time of Visit: AM  PM

Usual Support Worker \_\_\_\_\_