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| --- | --- | --- | --- |
| **Self-Referral to Tees Valley**  **PRIVATE AND CONFIDENTIAL**  **Dynamic Support Register (DSR)** | | | |
| **Top view of a calendar with a red pen on top** | | **Today's Date:** |  |
| **Please fill in the details of the person you would like to add to the DSR . This may be you, or someone you care for.** | | | |
| **A person wearing a striped shirt  Description automatically generated with medium confidence** | | **Name:** |  |
| **Address:** |  |
| **Date of Birth:** |  |
| **GP Practice: (If you know)** |  |
| **NHS Number: (If you know)** |  |
| **How would you like us to contact you?** | | | |
| **Email outlinePhone Vibration with solid fill** | | **Email Address:** |  |
| **Telephone Number:** |  |
| **If you are filling in this form for someone else please let us know about you here.** | | | |
|  | | **Your Name:** |  |
| **Relationship to person:** |  |
| **Email:** |  |
| **Telephone:** |  |
| **Use this space to say why you think you / this person should be added to the Dynamic Support Register.**  **(If you have printed this form and need more space, please use a separate sheet)** | | | |
|  | | | |
| **What Happens Next?** | | | |
| A person in a wheelchair  Description automatically generated with low confidence | Our Clinical Lead will look at this referral and decide whether or not you need to be added to the DSR.  They may contact you if they need more information.  We will let you know if you have been added to the DSR and give you information for other services if needed. | | |

**Once the Form is fully completed, please send to** [nencicb-tv.childrensdsr@nhs.net](mailto:nencicb-tv.childrensdsr@nhs.net)