

COVID-19 New Member Referral Form

MHA COMMUNITIES MEMBER REFERRAL FORM		Reference number: Office Only
MHA COMMUNITIES MENDIP DISTRICT -		
Phone: 07724 477274 – e-mail: carrie.hemmings@mha.org.uk		
Referrer details:		Name:
Address:	Organisation / relationship:	
email:	Telephone:	
Reason for referral:		
Potential Member details:		
Is the individual currently showing symptoms of Covid-19: YES NO		
Full Name	Address:	
Date of birth:		
Telephone:	Email:	
Is there any key information that we should know? Health / personal circumstances etc:		
Next of kin / emergency contact details:		GP Details:
Name:	Name:	
Relationship to person:	Surgery name:	
Address:	Address:	
Telephone:	Telephone:	
Once Covid 19 restrictions are lifted do you know of any reason – unrelated to Covid-19 / circumstance that would put our staff / volunteers at risk when carrying out assessments / visits? Yes / No		
If yes, please give details:		
Completed by:		Date:

Please password protect this form when submitting referral information via e-mail to MHA Communities Mendip District. Please send the password in a separate e-mail. Thank you