

CONFIDENTIAL

Plymouth Healthy Futures

If you would like a Healthy Futures support worker to contact you, please provide your contact details below, sign the consent and then hand this form to the receptionist at your Doctor's Surgery or to your designated health worker.

Your Name: _____

Your Address: _____

_____ Post Code: _____

Telephone Number: _____

Your GP's Name: _____

Please tick below to indicate the type(s) of support that you wish to access:

Housing Financial Employment Exercise Depression Other

If other, please provide brief details

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Do you think you would benefit from some counselling? Yes No

I give my consent for the information that I have provided above to be passed to the Healthy Futures service co-ordinator.

Signature: _____ Date: _____

This service is provided by the Wolseley Trust with support by Plymouth City Council Public Health Department.



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