

**Deptford Methodist Mission**  
**Disabled People's Contact**  
Referral Form

1 Creek Road  
Deptford  
London  
SE8 3BT  
**Tel:** 02086925599  
**Fax:** 02086921232

All information provided is strictly confidential.

**Member Information**

Name: \_\_\_\_\_

Date of Birth:

\_\_\_\_\_

Address: \_\_\_\_\_

Telephone:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Ethnicity:

Postcode: \_\_\_\_\_

**Emergency Contact Information**

GP Name & Address:

Telephone:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Postcode: \_\_\_\_\_

Next of Kin / Relationship:

Telephone:

Address: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Postcode: \_\_\_\_\_

Referred by: \_\_\_\_\_

Organisation: \_\_\_\_\_

Telephone:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Brief Medical History:

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Current Medication:

Dosage/Times Day

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Mobility (e.g. walking stick, frame, wheel chair can/cannot transfer/weight bear):

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Continent/incontinent (requires help/ needs reminding):

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Special Needs or Dietary Requirements (e.g. Diabetic):

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Mental Health (e.g. Dementia):

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Smoker/Non-smoker (We have a strict no-smoking policy, however members can smoke outside in a safe and secure environment):

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Any interests or hobbies:

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Other day centres attended (Please state days):

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