Dear Social Services Team,

We have introduced this form as we have found that phone calls between our two organisations are often difficult as both services are extremely busy. Using this form allow us to deal with your enquiry as efficiently and quickly as possible.

Please fill in the details of your enquiry below.

|  |  |
| --- | --- |
| Patient Name |  |
| Patient Date of Birth |  |
| Patient Address |  |
| Name of Enquirer |  |
| Role of Enquirer |  |
| Telephone Number |  |
| Department |  |
| Email Address |  |

1) Is this an urgent enquiry? (I.e. is there a risk of imminent harm to the health of the patient if you do not receive a reply to your enquiry within the next 2 working days)

No [ ]  Yes [ ]

2) Does this query relate to a safeguarding concern?

No [ ]  Yes [ ]

3) Is this patient a vulnerable adult?

No [ ]  Yes [ ]

4) Please confirm whether you have the patient’s written consent to ask us for information about their health. This permission should be attached to your reply along with this template.

We have written consent to ask for information about health

No [ ]  Yes [ ]

We have attached the written consent form

No [ ]  Yes [ ]

5) Please briefly explain the background to your enquiry

6) What information do you need from the patient’s GP and/or their records and what specific question do you need answering?

When completed please email this form to ccmg.maildistribution@nhs.net

We will reply to your enquiry as soon as possible. We prefer to reply by email. Please ensure that you supply us with a secure email address to reply to.

**Internal Use Only**

On receipt, please scan to the PA group and send a task stating that there is a social services enquiry form to process. Thank you