

## Condition Management Programme (CMP) CMP 1 Referral Form

### 1. Client consent

I wish to be referred to the Condition Management Programme (CMP) provided by my local Healthcare Trust. I understand that Health and Work Support Branch staff (H&WSB) and Health Service Providers engaged in the management and delivery of the CMP and Jobs & Benefit Office / Job Centre staff (where applicable) will exchange the information below relevant to my involvement in the programme.

I agree that CMP staff may contact my GP and /or access health service record systems as appropriate on my referral to CMP.

I understand that if I do not give my consent, for my information to be shared as above, I will not be eligible to participate on the Programme.

I consent for CMP staff to contact me by phone to discuss my referral further.

I am aware that I have the right to withdraw my consent at any time. I understand that if I withdraw my consent I cannot continue to participate on the Programme.

I give my consent for my information to be shared as above

(Privacy Notice available at the following web link)

[www.communities-ni.gov.uk/sites/default/files/publications/communities/dfc-gdpr-privacy-notice-wig.pdf](http://www.communities-ni.gov.uk/sites/default/files/publications/communities/dfc-gdpr-privacy-notice-wig.pdf)

If client present Client's signature \_\_\_\_\_ Date [Click here to enter a date.](#)

If not present / telephone referral - Verbal consent given YES  NO

Referrer's signature \_\_\_\_\_ Date & Time: [Click here to enter a date.](#)

OR

CMP staff signature \_\_\_\_\_ Date & Time: [Click here to enter a date.](#)

### 2. CMP Trust: Choose an item.

Referrer Source: Choose an item.

Referrer name and contact details (telephone / mobile)

Referrer E-mail details

Organization:

### 3. Client Details

Title: Mr  Mrs  Miss  Ms  Other (please specify)

Surname  First name

NI Number  Date of birth [Click here to enter a date.](#)

Address

Post Code  Home no.

Mobile  Email

Interpreter Required Yes  No  Language

### 4. Complete this section if On Benefit

Client currently in receipt of: Choose an item.

Time since last worked Choose an item.

Does client still have open contract of employment? Yes  No

Occupational sector Choose an item.

Was in work: Full time  Part time  Hrs worked

### 5. Complete this section if currently in Employment

Full time  Part time  Current Hours Worked

Attending work  Off sick  Choose an item.

Name /address of employer

Occupational Sector: Choose an item. Job Role

### 6. Disabilities / Health Conditions

The client has reported their health conditions / disabilities as:

Does the client have any special requirements for CMP assessment e.g. ground floor room, large chair, If so, please specify

**7. General Practitioner (GP) and/or treating physician's details**

GP / Physician

Address

Post Code  GP tel. no

**ON COMPLETION PLEASE FORWARD TO RELEVANT TRUST VIA SFTP IF FROM J&BO/JC, or to H&WSB VIA SFTP IF FROM ATW OR WORKABLE (WNI). FOR ALL OTHERS PLEASE FORWARD TO THE RELEVANT TRUST VIA SECURE EMAIL ADDRESS, PASSWORD PROTECTED BELOW, OR IF BY POST PLEASE PHONE FOR POSTAL ADDRESS.**

- Belfast**                    [cmpinfo@belfasttrust.hscni.net](mailto:cmpinfo@belfasttrust.hscni.net)    Tel: 02890638801
- Northern**                [ConditionManagement.Programme@northerntrust.hscni.net](mailto:ConditionManagement.Programme@northerntrust.hscni.net) Tel: 02825635250
- South Eastern**        [ConditionManagement.Programme@setrust.hscni.net](mailto:ConditionManagement.Programme@setrust.hscni.net) Tel: 02892605494
- Southern**               [ConditionManagement.Programme@southerntrust.hscni.net](mailto:ConditionManagement.Programme@southerntrust.hscni.net) Tel: 02837517173
- Western**                [Condition.management@westerntrust.hscni.net](mailto:Condition.management@westerntrust.hscni.net) Tel: 02871376911

**Copies of this form must be kept by Referring Organisation and CMP Providers and may be released to GPs or treating physicians, if client consent is held.**

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For Official Use Only – CMP Staff

Date CMP1 received                    Click here to enter a date.

Database updated on                    Click here to enter a date.

Passed for screening on                Click here to enter a date.