

Fax: 020 8921 4636

## Royal Borough of Greenwich Clinical Waste - Referral Form

Please complete carefully in **BLACK** ink

<b>Client Surname</b> <input type="text"/>	<b>Forename</b> <input type="text"/>	<b>Title</b> <input type="text"/>
<b>Address</b> <input type="text"/>	<b>Gender</b> <input type="text"/>	
	<b>Date of Birth</b> <input type="text"/>	
<b>Phone No</b> <input type="text"/>	<b>Can client be contacted to explain service?</b> YES / NO	
<b>Email</b> <input type="text"/>		

<b>Alternative Contact Details</b>		
<b>Name</b> <input type="text"/>	<b>Relationship to client</b> <input type="text"/>	
<b>Address</b> <input type="text"/>	<b>Phone No</b> <input type="text"/>	
	<b>Email</b> <input type="text"/>	

Please complete this section **FULLY** -

Health Care Professional making referral

<b>Name</b> <input type="text"/>	<b>Practice stamp</b> <input type="text"/>	
<b>Job Title</b> <input type="text"/>		
<b>Phone Nos</b> <input type="text"/>	<b>Email</b> <input type="text"/>	
<b>Signature</b> <input type="text"/>		
<b>Services Required</b> Please tick as required		
If <u>Clinical Sacks</u> to be supplied, please indicate the nature of the waste likely to be generated :		
Clinical Sacks <input type="checkbox"/>	Incontinence Pads <input type="checkbox"/>	Other - please specify <input type="text"/>
Sharps Boxes <input type="checkbox"/>	Dressings/Bandages <input type="checkbox"/>	
Medicines <input type="checkbox"/>		