

North Cork Social Prescribing

Le Cheile Family Resource Centre,
Mallow, Co Cork, P51 F344.
Phone: 087 7193257.
Email: linkworker@lecheilefrc.ie



Details of person being referred

Name: _____

Address: _____

Date of Birth: _____

Phone: _____

GP Contact: _____

Please tick to indicate that the person has given their consent for this referral and that you agree to our use of this information to contact this person.

Referrer details

Name: _____

Organisation: _____

Role: _____

Phone: _____

Email: _____

By completing the detail above you agree to our use of this information to contact you about this referral.

What does the person hope to get from the service?

Are you aware of any concerns of specific circumstances involved in working with this person or referring them to community groups?

No Yes

If you have ticked yes, please contact the Link Worker to discuss, before proceeding with this referral.

Signed: _____