

Please complete as much information below as possible and forward to:-

[**healthintegrationteam@swyt.nhs.uk**](mailto:healthintegrationteam@swyt.nhs.uk)

|  |
| --- |
| **Referral to Health Integration Team**  **for (tick appropriate box):**  **New Entrant to UK Screening …………..**  **TB Contact Screening ………………………..** |

|  |  |
| --- | --- |
| **NHS No (if known):** | **Date of Birth:** |
| **First Names:** | **Surname:** |
| **Country of Birth**: | **Male / Female:** |
| **Ethnicity:** | **Date Arrived in UK:** |
| **Interpreter Required: Yes / No** | **Preferred Language:** |
| **Address**: | |
| **GP Name and Address:**  **Referrer’s Contact details:** | |
| **Any other information: (if patient has had contact with TB please add any information you are aware of):** | |