

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

**healthintegrationteam@swyt.nhs.uk**

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

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| --- | --- |
| **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):** |