**Patient call back form**

This form is to request a call back in office hours, it is not a referral for a medical assessment.

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| **Patient details** | | | |
| Your name |  | | |
| Your DOB |  | Age |  |
| Ethnicity |  | Gender  Gender observed at birth |  |
| Contact number and the best time to call you |  | Safe to leave message? | Yes  No |
| Safe to text? | Yes  No |
| Patient email address |  | Safe to email? | Yes  No |
| Postal address |  | Safe to post | Yes  No |
| Where do you live |  | When did the offence happen? |  |

* On completion, please send this formto [rduh.sarcreferral@nhs.net](mailto:rduh.sarcreferral@nhs.net)
* Emails are monitored Monday to Friday between 9am – 5pm
* If you need urgent treatment following an assault (incident occurring within last 7 days etc.), please call Devon and Cornwall SARCs on 0300 303 4626, 24/7, 365 days a year.