

Creative Remedies

Name

Address.....

.....Postcode.....

Contact Phone Number.....

Email address.....

Would you like to be added to our mailing list? Y N

Date of Birth.....Nationality.....

Referred by (Please tick): GP/Consultant

STR worker (Outreach)

CMHT

Community Nurse

Self

Other (please state).....

Groups of interest (please tick):

Visual Arts (Various types of art)

Performing Arts

Music

Photography

Breeze in group

Read to Relax

Media group

PTO...

Do you need advice on any other services in Warrington i.e. stopping smoking or healthy weight services?

Yes

No

If you have ticked Yes, please specify which services you are interested in receiving information on

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Do you care for someone? Please choose an option below.

Yes I am a Carer and would like some information on support for myself

Yes I am a Carer but I do not require any information

No I am not a Carer

Can we post these out to you or would you prefer staff to speak to you separately at a convenient time by phone?

Post

Phone

Mosaic No.....
(Office use only)

Signed.....Date.....

Please return this form to a member of the Creative Remedies team, or by post to Sue Hogan or Pete Regan – Outreach, 1st Floor, New Town House, Buttermarket Street, Warrington, WA1 2NH or email the completed form to creativeremedies@warrington.gov.uk