

## **GamCare Treatment Referral Form**

Please send referrals to: <u>teamleaders@gamcare.org.uk</u> Please email referral form password protected, password should be sent in separate email

Date of Referral	

## **Referrer Details:**

Organisation Name	
Name of Referrer	
Contact Details for Referrer	

**Client Details:** 

Name	
Phone Number	
Email	
DOB	
Address	
Consent to contact	Phone Voicemail Email

GamCare operate The National Gambling HelpLine which is free to call on 0808 8020 133.

Our HelpLine and NetLine (live chat) services are available seven days a week, between 8am – Midnight.



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			<b>G</b> amCare
Is the client aware of the referral	Yes	No	
Is the client deemed high risk	Yes	No	
If yes please provide a summary:			

Other professionals involved:

Please provide a brief summary of the clients gambling:

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