HIV Social Support Self-Referral Form

Please fill in the details below and email to socialsupport@york.nhs.uk and a member of the Social Support Team will be in contact with you to discuss support with you.

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Name:

Date of Birth:

Gender:

Postcode:

E-mail address:

Phone Number:

I prefer to be contacted by: Phone

 Email

Can we leave a voicemail? Y/N

Can we send a text message? Y/N

The best time to get in contact (if by phone) is:

(Please specify and hourly window within which we are most likely to reach you)