

Sept 2009

**MERSEYSIDE ASBESTOS VICTIMS SUPPORT GROUP**

Suite 32, 2<sup>nd</sup> Floor, Oriol Chambers, 14 Water Street, Liverpool L2 8TD

Email: [gfr15@dial.pipex.com](mailto:gfr15@dial.pipex.com) Web-page: [asbestosdiseases.org.uk](http://asbestosdiseases.org.uk) Telephone/Fax: 0151

236 1895

Charity Reg. No. 1033724.

**ASBESTOS RELATED DISEASE**

**PATIENT REFERRAL FORM**

Today's Date.....

I.....the patient, hereby give permission to  
Dr/Nurse.....to disclose and forward this referral  
form to the Merseyside Asbestos Victim Support Group for welfare and benefits  
advice.

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

**PATIENT DETAILS** (BLOCK CAPITALS)

Forename.....

Surname.....

Address.....

.....

.....

Post Code.....

Date of Birth.....

Diagnosis.....

Date of Diagnosis.....

(Please Tick as appropriate)	
<u>PLEURAL PLAQUES</u>	[ ]
<u>PLEURAL THICKENING</u>	[ ]
<u>P.T of COSTOPHRENIC ANGLE</u>	[ ]
<u>ASBESTOSIS</u>	[ ]
<u>LUNG CANCER/ASBESTOSIS</u>	[ ]
<u>LUNG CANCER/P.THICKENING</u>	[ ]
<u>LUNG CANCER/P.PLAQUES</u>	[ ]
<u>BENIGN PLEURAL EFFUSION</u>	[ ]
<u>MESOTHELIOMA</u> (CONFIRMED)	[ ]
<u>MESOTHELIOMA</u> (SUSPECTED)	[ ]
<u>ATTENDANCE ALLOWANCE</u> <u>APPLIED FOR?</u>	YES [ ] NO [ ]