



HILLINGDON CITIZENS ADVICE
MHO SERVICE REFERRAL PROCEDURE

For all referrals we aim to contact the patient/service user/client within three working days upon receipt of referral.

Telephone referral

Please leave a message on answer phone: **01895 277304** noting:

- ◆ Your name
- ◆ Your surgery/centre name
- ◆ The patient/service users name
- ◆ The patient/service users telephone number

Email/Post referral

Please complete the below table if wish to refer a patient/service user to this service via post or email

Date of referral:	
Your name:	
Centre/Surgery name:	
Name of person being referred:	
Contact number of person being referred:	
Any other information that you wish to provide us:	

Please send this referral form via either:

Email: mentalhealth@hillingdoncab.org.uk

Post: MHO Project Facilitator, Hillingdon CAB, The Colonnade, Civic Centre, Uxbridge UB8 1UW