



NHS
Trafford
Clinical Commissioning Group

Trafford Co-ordination Centre

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Crossgate House
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Self-referral for Care Co-ordination to Trafford Co-ordination Centre

By completing this form you are giving your consent for the Trafford Co-ordination Centre to ring you with regard to the care co-ordination service.

Once complete please post or email this form to the address above. Alternatively, you can self-refer in using the phone number above.

Name:	
Address:	
Telephone number:	
Date of birth:	
Email:	
GP:	