

SUPPORTIVE CARE REFERRAL FORM

Please tick service(s) required: **Cancer Nurse** **Psychology/Counselling** **Wig fitting**
 Bra/prosthesis fitting **Legal/Financial Pro-bono** **Prevention Officer**
 Practical Support **Transport to Treatment** (*fill in transport schedule attached*)

Health professionals: Please attach relevant supporting clinical documentation, to assist our staff.

CONSENT FOR REFERRAL GIVEN BY PATIENT

Please fill in ALL details below (Can attach patient information label here)

FULL NAME:		
DOB:	GENDER: <input type="checkbox"/> FEMALE <input type="checkbox"/> MALE <input type="checkbox"/> OTHER <input type="checkbox"/> PREFER NOT TO SAY	
ADDRESS:		
POSTCODE:	PHONE #:	
AUSTRALIAN RESIDENT: <input type="checkbox"/> YES <input type="checkbox"/> NO	SPEAKS ENGLISH: <input type="checkbox"/> YES <input type="checkbox"/> NO	
ETHNICITY: <input type="checkbox"/> ABORIGINAL/TORRES STRAIT ISLANDER <input type="checkbox"/> OTHER (PLEASE SPECIFY)		
NEXT OF KIN:	RELATIONSHIP:	PHONE #:

REFERRER INFORMATION

NAME:		
LOCATION: <input type="checkbox"/> GP <input type="checkbox"/> AWCC <input type="checkbox"/> RDH <input type="checkbox"/> ASH <input type="checkbox"/> KDH <input type="checkbox"/> DPH <input type="checkbox"/> OTHER		
POSITION:	DEPARTMENT:	
EMAIL:	PHONE #:	

CANCER DIAGNOSIS

DIAGNOSIS:	DIAGNOSIS DATE:
TREATMENT: <input type="checkbox"/> Surgery <input type="checkbox"/> Chemotherapy/immunotherapy <input type="checkbox"/> Radiation Therapy	Surgeon: Medical Oncologist haematologist: Radiation Oncologist:
GP:	GP CLINIC:
REASON FOR REFERRAL:	

RELEVANT CLIENT INFORMATION: (<i>eg. language barrier, mobility</i>)
REFERRER SIGNATURE:

* Volunteer driving only available in Darwin at present. CCNT only accepts patients who are independent in their mobility.

PTO

PRIVACY

In sending us this form you are confirming that the patient has been advised that they are being referred to Cancer Council NT, an organization dedicated to help reduce the incidence of cancer and ensure the best cancer care in our region. Cancer Council services are provided free of charge to people affected by any type of cancer and include:

- Information support
- Psychology/Counselling
- Volunteer driving
- Bra and prosthesis fittings
- Legal and financial pro-bono scheme

Information on this form is used to determine the support required and may also be shared with health professionals involved in their care.

OTHER

- Please ensure all relevant details are completed on the form, as we need the information to provide safe and effective care.
- A patient may decline or withdraw at any time.
- All drivers in the driving service are volunteers.

For Transport to Treatment referral, please complete Client Transport Schedule on the next page. Advise client Cancer Council NT will be in contact with them soon.

Please send completed forms to:

For all referrals please email this form to: bcn.darwin@cancernt.org.au

CCNT Office Use	
Cancer Support Services Manager Approved	
CSSM Patient contact date	
Transport to Treatment contact date	
Prevention Officer contact date	
Entered into iMIS date	



SUPPORTIVE CARE REFERRAL FORM

Transport Schedule

Client Name: _____ Phone #: _____

Client Location: _____ Referral Date: _____

DATE	TREATING FACILITY	APPOINTMENT	TREATMENT	Office Use Only
Date: / /	AWCCC RDH DPH PRH OTHER	Time:	Expected length:	Transport Provided
Trip 1: Pick up from	Location:	Pick up time:	Driver:	<input type="checkbox"/> Yes <input type="checkbox"/> No
Trip 2: Pick up from	Location:	Pick up time:	Driver:	<input type="checkbox"/> Yes <input type="checkbox"/> No
Date: / /	AWCCC RDH DPH PRH OTHER	Time:	Expected length:	Transport Provided
Trip 1: Pick up from	Location:	Pick up time:	Driver:	<input type="checkbox"/> Yes <input type="checkbox"/> No
Trip 2: Pick up from	Location:	Pick up time:	Driver:	<input type="checkbox"/> Yes <input type="checkbox"/> No
Date: / /	AWCCC RDH DPH PRH OTHER	Time:	Expected length:	Transport Provided
Trip 1: Pick up from	Location:	Pick up time:	Driver:	<input type="checkbox"/> Yes <input type="checkbox"/> No
Trip 2: Pick up from	Location:	Pick up time:	Driver:	<input type="checkbox"/> Yes <input type="checkbox"/> No
Date: / /	AWCCC RDH DPH PRH OTHER	Time:	Expected length:	Transport Provided
Trip 1: Pick up from	Location:	Pick up time:	Driver:	<input type="checkbox"/> Yes <input type="checkbox"/> No
Trip 2: Pick up from	Location:	Pick up time:	Driver:	<input type="checkbox"/> Yes <input type="checkbox"/> No
Date: / /	AWCCC RDH DPH PRH OTHER	Time:	Expected length:	Transport Provided
Trip 1: Pick up from	Location:	Pick up time:	Driver:	<input type="checkbox"/> Yes <input type="checkbox"/> No
Trip 2: Pick up from	Location:	Pick up time:	Driver:	<input type="checkbox"/> Yes <input type="checkbox"/> No