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|  | Accommodation Services |

# Cancer Society Accommodation Services Referral

## Referral Guidelines

1. To refer a patient to the Cancer Society Accommodation Service please complete this form and send to: accommodation@cancercwc.org.nz or fax to 03 377 6416.
2. The following criteria applies for accommodation though the Cancer Society Canterbury-West Coast:
	1. Live more than 350km from Christchurch Cancer Centre or St Georges Cancer Centre **OR** Live over 100km AND have a Community Services Care **OR** Live over 100km away and likely to attend more than 6 appointments in a 6 month period.
	2. Currently attending planning or treatment for a Cancer diagnosis.
3. Due to physical constraints we are usually unable to provide accommodation for more than one support person.
4. Due to physical site constraints, parking for only ONE vehicle is available.
5. When our accommodation facilities are full, we endeavour to find a suitable motel, however this may not be possible at busy times of year.
6. Check in time no later than 4.30pm Monday to Friday and outside these times by arrangement only. Check out time is by 10.00am, unless prior arrangements have been made.
7. Daffodil House and Daffodil Lodge are not staffed outside of office hours (Monday to Friday 8.30 – 5.00pm) and provides no medical or nursing care, so people staying must be able to be self-sufficient and independent and able to get on and off our shuttle service unaided. Our Upstairs rooms have stairs only No Lift to the second floor.
8. Our building and premises are totally smoke free. So NO SMOKING on our grounds is permitted at all times. If there is any smoking in our rooms there may be a charge for the room to be cleaned professionally.

## Patient Information

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| All fields marked with a \* are required to be filled in. |
| Name of Patient: \*  |  |  | Date of referral: \* |  |
| Date of birth:\* |  |  | Age: |  |
| Ethnicity:\* |  |  |  Client ID (if known):  |  |
| NHI:\* |  |  |  |
| Address:\* | Click here to enter text. |
| Address: | Click here to enter text. |
| Postcode:\* |  |
| Phone No:\* | Click here to enter text. |
| Cell Number: |  |
| E-Mail: |  |
| Next of Kin/Phone No:(A contact Person) |  |  | Ethnicity: |

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| Oncologist:\* | Click here to enter text. |
| GP:\* |  |
| Diagnosis:\* |  |
| Reason for Stay:\* (Treatment type) |  |

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| **ACCOMMODATION REQUIRED:**Date arrival in Christchurch:\* |  |  | Date of Departure:\* |  |

Will this person be accompanied by family or a support person? \* YES [ ]  NO [ ]  |
| Name/s of family/support person: Additional information or Special requirements: (e.g.: Stairs OK or ground floor room required, uses a walking frame or wheelchair, frail, elderly etc. **This information is a MUST as our facilities have stairs only**).**Click here to enter text.****TRANSPORT:**Patient will be arriving by:  |
| Date and time of arrival: (Please note: Daffodil House and Daffodil Lodge staffing hours are 8.30- 5.00pm Monday to Friday)**FUNDING:**Eligibility: [ ]  over 350km [ ]  >100km with CSC [ ]  6 x 6 [ ]  Private [ ]  No |
| Client ID (if known): Click here to enter text. |

## Referrer Information

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| Referred By:\* |  |  | Designation:\* |  |
| E-Mail:\* |  |  |  |  |