

CANCER SOCIETY AUCKLAND NORTHLAND SUPPORTIVE CARE REFERRAL

Date:

Please tick service(s) required: Community Nursing Psychology/Counselling Volunteer Driving
Health Professionals: Please attach supporting clinical documentation, if possible, to assist our Community Nursing team

CONSENT FOR REFERRAL GIVEN BY (patient signature/name)

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

SURNAME: FIRST NAME/S: GENDER: Female Male Indeterminate
 ADDRESS:
 POSTCODE: DOB: NHI NUMBER:
 CELL PHONE: HOME PHONE: WORK PHONE:
 NZ RESIDENT: Yes No ETHNICITY: SPEAKS ENGLISH: Yes No

REFERRER INFORMATION:

NAME:
 LOCATION: ADHB CMDHB Waitemata DHB NDHB Other Self Cancer Society
 POSITION: DEPARTMENT:
 EMAIL: PHONE NO:

CANCER DIAGNOSIS.....

DATE OF DIAGNOSIS:
 TREATMENT:
 Surgery: Chemotherapy: Radiation Therapy:
 Surgeon: Medical Oncologist: Radiation Oncologist:

OTHER MEDICAL HISTORY:

REASON FOR REFERRAL:

GP ORGANISATION: OTHER AGENCIES INVOLVED:

PSYCHOLOGY/COUNSELLING REFERRALS ONLY:

Person referred: Patient Supporter. If supporter indicate relationship:

VOLUNTEER DRIVING REFERRALS (Up to 5 working days may be needed to arrange drives)

FIRST APPOINTMENT:
 DATE: TIME:
 LOCATION OF APPOINTMENTS: ACH OTHER, PLEASE ENTER LOCATION:
 RADIOTHERAPY APPOINTMENT SCHEDULE:
 No. of weeks: Estimated finish date:
 CHEMOTHERAPY APPOINTMENT SCHEDULE:
 Estimated duration of appointments: Less than 1 hour 1-2 hours 2-4 hours More than 4 hours

MOBILITY: Fully mobile Not fully mobile Other information (seizures, etc.)

PLEASE READ OVER THE PAGE FOR MORE INFORMATION



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Privacy:

In sending us this form you are confirming that the patient has been advised that they are being referred to Cancer Society Auckland Northland (**CS**), a non-government organisation dedicated to help reduce the incidence of cancer and ensure the best cancer care in our region. CS services are provided free of charge to people affected by any type of cancer and include:

- Community Nursing
- Psychology/Counselling
- Volunteer driving.

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

CS will conform to the Rules set out in the Health Information Privacy code to its holding and using this information.

Other:

- Please ensure all relevant details are completed on the form, as we need the information to provide safe and effective care.
- No-one is obliged to utilise CS services. A patient may decline or withdraw at any time.
- All drivers in the driving service are volunteers.
- The patient may be contacted from time to time and given information regarding specific CS activities, for example by newsletter or group updates, unless otherwise requested by the patient/whanau.

PLEASE COMPLETE ALL DETAILS (OVER THE PAGE)

**Please send to Supportive Care: Fax: 09 930 7271
Email: supportservices@akcansoc.org.nz**

OR PHONE: 0800 CANCER (226 237) VISIT WEBSITE: www.cancernz.org.nz

Please see our website under 'Health Professionals' yellow tab for information for referrers and patients.