

Cancer Support Coordinator Referral Form

Referral Guidelines

1. To refer a new patient to the Cancer Support Coordinator service at the Cancer Society please complete this form and send to community@cancercwc.org.nz or fax to 033772804
2. Each new referral will be allocated to a Cancer Support Coordinator who will undertake an assessment of the psychosocial and emotional needs and provide ongoing support to the person referred.

Patient Information

Name: _____ Date of referral: _____

Date of birth: _____ Age: _____

Ethnicity; _____ If Maori please note Iwi: _____

NHI: _____

Address: _____

Address: _____

Phone No: _____

E-Mail: _____

Next of Kin: _____

Oncologist: _____

GP: _____

Diagnosis: _____

Reason for Referral: _____

Referrer Information

Referred By: _____ Designation: _____

E-Mail: _____ Phone: _____

Has Patient consented for referral to Cancer Society? Yes No

(By consenting the patient agrees to being contacted by a team member of the Cancer Society and being added to the Cancer Society database)