

Referrer's Name

Date

Practice Address

Client's Name

DOB

Gender

 M | F | Other

Address

Postcode

Contact Number/s

Please supply at least 2 numbers.

Home

Mobile

Work

Other

Is this referral for the cancer patient or a family member? Cancer patient Family member

Patient's Cancer Type

Cancer Stage

Cancer Phase:

- | | | |
|---|---|--|
| <input type="radio"/> First diagnosis | <input type="radio"/> Second primary cancer | <input type="radio"/> Remission |
| <input type="radio"/> First diagnosis with metastases | <input type="radio"/> Metastatic/widespread | <input type="radio"/> Stage unknown |
| <input type="radio"/> Recurrence | <input type="radio"/> Terminal stage | <input type="radio"/> Patient deceased/bereavement |

Cancer Treatment:

- | | | |
|------------------------------------|---------------------------------------|--------------------------------------|
| <input type="radio"/> Surgery | <input type="radio"/> Immunotherapy | <input type="radio"/> Clinical Trial |
| <input type="radio"/> Chemotherapy | <input type="radio"/> Hormone Therapy | <input type="radio"/> Alternative |
| <input type="radio"/> Radiation | <input type="radio"/> Palliative Care | <input type="radio"/> Therapy Other |

Presenting problem?

Please confirm that:

- | | |
|---|---|
| <input type="radio"/> Concerns are related to cancer | <input type="radio"/> Referred client is aged over 18 years |
| <input type="radio"/> Client is not at imminent risk of suicide | <input type="radio"/> Client is aware that this is a short-term service |

Has the client consented to this referral? Y | N Can we identify as CCQ when calling to make an appointment? Y | N

Over the last 2 weeks, how often have you been bothered by the following problems?

- 0 – Not at all
1 – Several days
2 – More than half the days
3 – Nearly every day

- | | |
|--|----------------------|
| 1. Feeling nervous, anxious or on edge | <input type="text"/> |
| 2. Not being able to stop or control worrying | <input type="text"/> |
| 3. Little interest or pleasure in doing things | <input type="text"/> |
| 4. Feeling down, depressed, or hopeless | <input type="text"/> |

PHQ4 Score:

Thank you for your referral, we will be in touch with the client within two business days of receipt.

For more information

13 11 20

cancerqld.org.au