

UR Number:
Surname, Given Name:
Address:
Date of Birth:
Phone number / Mobile:
(Affix Hospital I.D. Label if Available)

Good Life - Cancer Survivorship Referral Form

Referrer's Name: _____ Date of referral: _____

Designation:
 Cancer Care Nurse Oncologist/Haematologist
 Other; _____
 Referrer's Signature: _____

CLIENT INFORMATION:

Interpreter required: Yes No If yes, preferred language: _____

To make appointment contact: Patient
 Carer / NOK; Name / contact details: _____

REASON FOR REFERRAL:

Presenting problem and the impact on the patient?
What does the patient need?

 Service(s) requested:
 Integrated Care Co-ordination
 Physiotherapy Exercise Physiology
 Dietitian Psychology/Counselling
 Podiatry Speech Pathology
 Health Coaching Occupational Therapy
Carrington Health may redirect referral based on client need

Medical history – incorporating cancer type:

 Additional medical history/GP letter attached
 Recent discharge summary attached
 Recent blood tests / imaging results attached
 Medications:

 Additional current medications list attached

Month/Year of cancer diagnosis: _____

Cancer stage:
 I-III IV unknown n other; _____

Is the patient currently receiving treatment? Yes No Date of last treatment: _____

If YES – current treatment type:
 Surgery Radiotherapy Chemotherapy Immunotherapy Hormonal therapy

If NO - past treatment types received:
 Surgery Radiotherapy Chemotherapy Immunotherapy Hormonal therapy

SOCIAL & COMMUNITY:

Current community services involved and relevant social situation: _____
 Other concurrent referrals:
 Eastern Volunteers Transport
 Other; _____

CONSENT FOR REFERRAL:

Patient is aware of referral and consents to receive service(s): Yes No

Patient is medically fit to participate in exercise program: Yes No

Doctors name: _____ Signature: _____ Date: _____

Carrington Health is a community health service located in Box Hill providing primary allied health healthcare services. There are no medical services available on-site.

The Good Life Cancer Survivorship program is targeted at frail, older cancer survivors who are unable to participate in intensive ambulatory oncology programs. Cancer survivors attending the service will receive a personalised care plan and allied health interventions to support them to live well with a cancer diagnosis. Cancer survivors will need to be willing to travel to Carrington Health for allied health interventions.

Referral eligibility criteria:

Inclusions:

- People who have completed curative intent cancer treatment and who are ready and able to participate in a self-management program
- People with metastatic hormone sensitive prostate cancer who are ready and able to participate in a self-management program
- People receiving maintenance immunotherapy who are ready and able to participate in a self-management program
- People who meet the above criteria and are **unable** to participate in intensive ambulatory oncology rehabilitation due to fatigue, frailty or distance from home or who would benefit from an individualised program incorporating other allied health services such as dietitian, psychology, podiatry input.

Exclusions:

- Referrals for an exercise based program for people with bone metastases or severe osteoporosis and at high risk of crush fracture
- People who are near end of life and have stopped treatment to cure or control their disease
- People with highly unstable disease
- People who have acute care needs requiring intensive allied health support