

# E-Referral Form



breast cancer  
care wa

Does the client consent to information being passed on and stored by BCCWA  Yes

Date of Referral:

## CLIENT CONTACT DETAILS

First Name/s

Surname

DOB

Street Address

Suburb

Post Code

Home Phone

## NEXT OF KIN

Name

Mobile

Contact No

Email

Relationship

Ethnicity

ATSI Aboriginal & Torres  
Strait Islander

Other ie. CALD. Please specify

GP Details

## MEDICAL INFORMATION

Cancer Diagnosis  Early

Metastatic

Date Diagnosed

Staging  CT

Bone Scan

MRI

PET

Current or Planned Treatment, Investigations

Significant Medical/Genetic

Treating Hospital / Team

## PATHOLOGY

Type of breast cancer eg. DCIS, IDC

Grade

Size

Lymph nodes

ER/PR

Her2

LVI



## PSYCHOSOCIAL CARE REFERRAL CHECKLIST (Cancer Australia 2008)

- |   |   |
|---|---|
| <input type="checkbox"/> Younger than 55 years              | <input type="checkbox"/> Lives alone/Marital/Family issues/<br>Lack of social support |
| <input type="checkbox"/> Children younger than 21 years     | <input type="checkbox"/> Financial concerns/Issues                                    |
| <input type="checkbox"/> Issues related to drugs or alcohol | <input type="checkbox"/> History of stressful life events                             |
| <input type="checkbox"/> Single/Separated/Divorced/Widowed  | <input type="checkbox"/> Increased burden of disease                                  |

Previous episodes of depression/Mental health issues.  
Please specify

Distress Score 0 = no distress to 10 =  
extreme distress

0  1  2  3  4  5  6  7  8  9  10

## OTHER REFERRALS MADE

- |   |  |  |
|---|--|--|
| <input type="checkbox"/> Hospital/Social Worker/Welfare Officer | <input type="checkbox"/> Clinical Psychologist | <input type="checkbox"/> Physiotherapist |
|---|--|--|

Other Please specify

## REASONS FOR REFERRAL TO BCCWA (KEY CONCERNS)

- 1.
- 2.
- 3.
- 4.

## REFERRED BY

Name	Agency
Position	Phone
Mobile	Fax

Click here to  
**SUBMIT FORM**

Or email as .pdf attachment to:  
triage@breastcancer.org.au