



CANCER CONNECT
 (Including Breast Cancer Support Service BCSS)
VOLUNTEER REFERRAL FORM
CONFIDENTIAL

REFERRAL INFORMATION:

Referred by Dr/Nurse/Client/Family Member _____

Permission given for personal details to be released to Cancer Connect: Yes No

How Found

CLIENT INFORMATION: {Please note not all information may be required}

Name... .. Marital Status:

Address: Married Single Widowed
 Separated Divorced

Phone: Age

Children: (if appropriate)

Patient/Carer:

Diagnosis: (BCSS see over)

Treatment:

Surgery Chemotherapy Radio therapy Hormone

Other

REASON FOR SEEKING SUPPORT: (Tick as many as appropriate):

Topic	Topic
Body Image/sexuality	General Support
Choice of surgery	Genetic Testing
Choice of treatment	Side Effects
Family Issues	Support Mechanism
Survivorship	

Other (explain)

Details taken by: Date:

Official use only Connected to

Medical Details (BCSS)

Surgeon: _____ Hospital: _____ Ward: _____

Surgery:

Side: Left Right

Type: Full Partial Axillary Clearance Bi-lateral

If so, was it:

at time of surgery

2nd Op

Prophylactic

Date of surgery: .../.../...

Discharge date: .../.../...

Location of first contact Hospital: Private Public

Phone

Other : _____

Treatment chosen or considering:

Radiotherapy

Chemotherapy

Hormonal therapy

Other treatment: _____

Bra size: _____

Is a temporary prosthesis required? Yes

No

INFORMATION GIVEN {please tick}

All about early breast cancer (NBCC)

Understanding Emotions

After Breast Cancer Surgery: Looking Ahead

Understanding Chemotherapy

Guide for partners of women with breast cancer

Understanding Radiation therapy

Breast Cancer & family History

Eat well

Breast reconstruction

How to relax

Other