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SMR000000

Health
South Eastern Sydney
Local Health District

NSW GOVERNMENT

Facility: PRINCE OF WALES HOSPITAL

Cancer Survivorship Clinic Referral Form

FAMILY NAME:	**MRN**:
GIVEN NAME:	**GENDER**:
DOB:	**MO**:
ADDRESS:	
LOCATION / WARD:	
COMPLETE ALL DETAILS OR AFFIX PATIENT LABEL HERE	

Referral to:	☒ Dr Monica Tang

Please email referral to SESLHD-NCCC-referrals@health.nsw.gov.au or fax to 02 9382 5090

PATIENT DETAILS

1. Cancer diagnosis (Tumour site, stage, month/year of diagnosis)	
2. Treatment details a. Surgery b. Radiotherapy c. Systemic treatment (Chemotherapy, immunotherapy, targeted therapy, endocrine therapy) d. Other	Surgery (if applicable): **Date** **Description** Radiotherapy (if applicable): **Start Date** **Site** **# Fractions** **Total Dose** Systemic therapy (if applicable): **Start Date** **Drug name(s)**
3. Eligibility criteria	☐ Aged over 18 ☐ Early stage cancer receiving treatment with curative intent ☐ Advanced cancer with stable disease, prognosis >2 years AND referred by cancer specialist Has the patient completed adjuvant chemotherapy and radiotherapy? ☐ Yes ☐ No Expected date of completion: Click here to enter text.
4. Comorbidities/Past medical history	Click here to enter text.
5. Is an interpreter required?	☐ Yes ☐ No Language: Click here to enter text.

CURRENT CANCER SURVIVORSHIP ISSUE(S)

Issues relating to cancer diagnosis and/or treatment:

- ☐ Activity concerns (exercise, weight, strength, fitness)
- ☐ Cognitive issues
- ☐ Depression/anxiety
- ☐ Dietary concerns
- ☐ Fatigue
- ☐ Fear of cancer recurrence
- ☐ Lymphoedema
- ☐ Pain
- ☐ Peripheral neuropathy
- ☐ Reproductive health (sexual health, fertility, menopause symptoms)
- ☐ Sleep issues
- ☐ Social concerns (education, work, financial, relationships)
- ☐ Other: Click here to enter text.

REFERRER DETAILS

Referrer name:			
Provider number:			
Organisation/Address:			
Email address:			
Phone Number:		**Fax:**	
Signature:		**Date:**	

Holes punched as per AS2828-1999
BINDING MARGIN - NO WRITING

CANCER SURVIVORSHIP CLINIC

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