



our mission is to care, our vision is to cure

SUPPORT SERVICES REFERRAL FORM

Date: _____ NHI: _____ Treatment Centre: _____

Name: _____ Known as *(if different)*: _____

D.O.B: / / Gender: M / F Ethnicity: _____

Permanent Address: _____

(Please complete details above in full or use patient sticky label)

Phone No.: Home: _____ Mobile: _____

Email Address: _____

Emergency Contact: _____ Relationship: _____

Phone No.: Home: _____ Mobile: _____

Diagnosis: _____ Consultant: _____

Estimated Length of Treatment: _____ Next appointment: _____

Current Treatment: _____

Specific LBC support this person would benefit from:

Other support agencies involved:

Other Comments:

Name of Referrer: _____ Position: _____

Consent for referral given by: _____ *(Name)*

Patient or Next of Kin *(Please circle)*

Please tick here if you do not wish to be kept informed on the activities of LBC or receive our newsletters:



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SUPPORT OVERVIEW

Leukaemia & Blood Cancer New Zealand (LBC) is a national not-for-profit organisation dedicated to improving the quality of life of New Zealanders living with leukaemia, lymphoma, myeloma and related blood conditions.

- The referred person must give their consent prior to any information relating to them being given to Leukaemia & Blood Cancer New Zealand (LBC) or its representative.
- Please ensure that they are aware of all the details that are being completed on the form. If they do not wish to disclose information relating to any of the categories please leave these blank.
- In order to provide optimum support please notify LBC of other agencies such as CanTeen or Cancer Society that are involved with the patient's care, so that communication between agencies may be entered into to provide the most effective support for the patient and their family.
- The information gathered on this form is used to determine the support required and ensure that the Support Services Coordinator can assess the needs of the patient/family and meet them. It may also be used for LBC's statistics collection. Current treatment, diagnosis and treatment centre will help determine the level of help the person may need and what information should be made available to them.
- The information collected on this form will be stored on LBC's secure server, based at our National Office located at 6 Claude Rd, Epsom, Auckland 1023. Patient confidentiality is a priority at LBC. Contact details and information will be entered onto our database and the patient/family may be contacted from time to time and given information regarding specific activities of LBC, for example, our newsletters (unless otherwise requested by the patient/family). The details will not be shared with or sold to any other organisation or business and will only be used for the purpose for which it was intended.
- Ongoing contact with the social worker and clinical staff may be maintained with regular meetings to discuss relevant issues and any concerns arising from the staff.
- The patient or person referred to LBC has the right to view information held by LBC regarding them and have any inaccuracies removed or corrected.

Once complete please forward the form to the appropriate Regional Support Services Coordinator as listed below:

National Office	Midland Region	Central Region	Southern Region
PO Box 99182 Newmarket Auckland 1149 Fax 09 638 3557	PO Box 4317 Hamilton East Hamilton 3247 Fax 07 889 6882	PO Box 16154 Newtown Wellington 6242 Fax 04 389 3776	PO Box 36278 Merivale Christchurch 8146 Fax 03 365 0362

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