



**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: \_\_\_\_\_

Temporary Address (if different): \_\_\_\_\_

Temporary Phone No. (if different): \_\_\_\_\_

Relationship of Referred to Patient (e.g. Patient, Mother, Partner): \_\_\_\_\_

Diagnosis: \_\_\_\_\_ Consultant: \_\_\_\_\_

Estimated Length of Treatment: \_\_\_\_\_ Next appointment: \_\_\_\_\_

Current Treatment: \_\_\_\_\_

Specific LBF support services 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 the LBF or receive a copy of the Lifeblood newsletter.

## SUPPORT OVERVIEW

**The support services referral form allows us to provide an effective service and range of relevant support options that will benefit a patient, care giver or family during treatment for a haematological condition.**

- The referred person must give their consent prior to any information relating to them being given to the Leukaemia & Blood Foundation (LBF) 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 LBF of other agencies such as Canteen, Cancer Society or Hospice that are involved with the patients' care so that communication between agencies may be entered into to provide the most effective support for the patient/family.
- The information gathered on this form is used to determine the support required and ensure that the Support Service Co-ordinator can assess the needs of the patient/family and meet them. For example, age, gender and ethnicity may be helpful when selecting an appropriate person to visit the patient/family; this data may also be used for LBF's own 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 at the LBF's National Office located at 6 Claude Rd, Epsom, Auckland or with the LBF Regional Support Service Coordinator. Patient confidentiality is a priority at LBF. Only LBF staff will have access to the referral forms and personal details. 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 LBF, for example, our newsletter (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 LBF has the right to view information held by LBF 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:

Auckland Office - post to PO Box 99182, Newmarket, Auckland 1149 or fax (09) 638 3557  
Wellington Office - post to PO Box 16154, Newtown, Wellington 6242 or fax (04) 389 3776  
Christchurch Office - post to PO Box 36278, Merivale, Christchurch 8146 or fax (03) 3650362

Toll Free Phone: 0800 15 10 15, then:

- Press 1 for National Office
- Press 2 for Northern (Auckland & Northland) Patient Support Services
- Press 3 for Northern (Waikato & Bay of Plenty) Patient Support Services
- Press 4 for Central Region Patient Support Services
- Press 5 for Southern Region Patient Support Services