

Support Services Referral Form

Please complete this form to refer yourself or a patient to the Support Services team at Leukaemia & Blood Cancer New Zealand. Once your form has been received, a member of the Support Services team will be in touch with the person being referred.

For general enquiries please contact us to ***info@leukaemia.org.nz*** or call us toll FREE on ***0800 15 10 15***.

Please tell us who you are:

Patient details:

First name:

Last name:

DOB:

Gender:

Ethnicity

New Zealand European

Māori

Samoan

Cook Islands Māori

Tongan

Niuean

Chinese

Indian

Unknown

Other (please specify)

Please include: number, street, suburb, town/city, postcode

Email:

Home number:

Mobile number:

Yes, I want to receive news and updates from LBC

Support contact person:

Full name:

Home number:

Relationship:

Mobile number:

Medical details:

Consultant:

DHB:

Diagnosis

Current treatment:

Sub-type (if applicable)

How can we help:

What are the patient's or family member's main concerns around the diagnosis at this time?

What LBC support would this person benefit from?

Information materials

Educational support

Emotional support

Support groups

Practical assistance

Preferred method of contact:

Other support agencies involved:

Other comments:

Your details and/or the details of the person being referred will be stored securely by LBC and won't be passed on to anyone else. Please check Privacy Policy in this link: <https://www.leukaemia.org.nz/about-us/contact-us/privacy-policy/>

Consent for referral given by (if referring someone else)

Name:

Referrer relationship:

I confirm that I have permission to share my patient or family members details.

***Once you fill out this form, please email it to supportservices@leukaemia.org.nz or
submit this form by clicking in the button below***