

# Lymphoedema therapy clinical referral



**BCFNZ funds lymphoedema therapy to the value of \$180 with a lymphoedema therapist. Therapy may include education, assessment and treatment.**

Patient applications must include a clinical referral. Please complete this form and give it to your patient so they can complete their application process, or scan and email to **supportservices@bcf.org.nz**

## Patient details

First name	Surname	
Phone	Email	
Address		
Suburb	City	Postcode

*GP, breast cancer specialist, or breast nurse to complete*

Please tell us the reason for referral and include relevant information such as breast cancer diagnosis, history of lymphoedema and reason for lymphoedema therapy (risk assessment, early management or symptom control). You're welcome to include bioimpedance data as we will send this to the treating lymphoedema therapist.

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Referred by \_\_\_\_\_

Position \_\_\_\_\_ DHB/Clinic \_\_\_\_\_

Email \_\_\_\_\_

Signature \_\_\_\_\_ Date    /    / \_\_\_\_\_

**FOR BCFNZ OFFICE USE ONLY**

Date received:    /    / \_\_\_\_\_

Approved:  Yes  No