

Referral form counselling service



Referral guidelines

Please refer patients with breast cancer for 3 FREE counselling sessions with a trained professional.

Who is eligible?

Anyone who has been diagnosed with breast cancer, or who is receiving preventive treatment for inherited breast cancer risk, may use this service. Referrals may be sent at diagnosis, during treatment, after treatment and at metastatic stage. A family member may accompany the patient to counselling.

Patient details

Date of diagnosis	/	/	Referral date	/	/
Patient name			Age		
Email (preferred)					
Phone no.			Mobile no.		
Postal address					
Preferred method to send voucher? Email <input type="radio"/> Post <input type="radio"/>					

Clinical referral – GP, breast cancer specialist, or breast nurse to complete

I consider this patient to be eligible for BCFNZ counselling services.

Clinician name	
Position	DHB/Clinic
Email	
Signature	Date

Which of these applies?

- Just diagnosed
- Post treatment
- Currently undergoing treatment
- Metastatic/advanced
- Family member - relationship:

Why this person is in need

Any other comments

Post this form to PO Box 99650, Newmarket, Auckland, 1149 or scan and email to breastnurse@bcf.org.nz

FOR BCFNZ OFFICE USE ONLY	Date received: / /	Voucher No:
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