

Counselling service

Referral form



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. Patients receive a voucher to pay for the sessions.

Please complete this clinical referral form and email to supportservices@bcf.org.nz

Patient details

First name			Surname		
Date of birth	/	/	Ethnicity		
Phone			Email		
Address					
Suburb		City		Postcode	
Preferred method to receive the 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.

Type of cancer (please tick):	<input type="radio"/> Breast cancer	<input type="radio"/> Advanced breast cancer (Metastatic)
Date of breast cancer diagnosis	/	/
Which of these applies?		Why this person is in need
<input type="radio"/> Just diagnosed		_____
<input type="radio"/> Currently undergoing treatment		_____
<input type="radio"/> Finished treatment		_____
<input type="radio"/> Advanced breast cancer (Metastatic)		_____
<input type="radio"/> High risk (inherited, BRCA)		_____
<input type="radio"/> Family member		_____
<input type="radio"/> Other:	_____	_____

Referred by		
Position	DHB/Clinic	
Email		
Signature	Date	/ /