|  |
| --- |
| **WAPOS sees public patients or those accessing some of their cancer care in the public system.** **Patient Details:** |
| Surname |  | First Name |       |
| Aboriginal/Torres Strait Is | Yes/No | Preferred Pronouns |       | D.O.B |       |
| UMRN |       | Medicare Care Card | #:       |
| Ref:       | Exp:      |
| Address  |       |
| Suburb/Town  |       | Post Code |       |
| Phone - Home |       | Mobile |       |
| Care status | [ ] Inpatient | [ ] Outpatient | [ ] Not in Care |
| Interpreter? | [ ] Yes, Language: |       | [ ] Hearing/Speech Difficulty |
|  |
| **Medical Scenario:** |
| Cancer Diagnosis |       | Diagnosis Date |       |
| Treatment Team | Hospital |       | Consultant |       |
| Treatment | Intent  | [ ]  Curative | [ ] Palliative | [ ] Unsure |
| Treatment  | [ ] Surgery |  Surgery Date: |       |
|  | [ ] Chemotherapy | [ ] Radiation | [ ] Other |
| Other Health  |       |
|  |
| **Reason for referral:**  |  | **[ ]  Person agreed to referral** |
|       |
| **Mental Health History:**  |  |
|       |
| **Risk:**  | [ ] Suicidal Ideation | [ ] Aggression | [ ] Alcohol/Drug  |
| **Psychosocial Scenario:**  |  |
|  |
| [ ] Marital/family problems  | [ ] Lives alone | [ ] Limited social support  |
| [ ] Dependent children under 21yrs | Age of Children  |       |
|  |
| **Referrer Information:** |
| Referrer Name |       | Position |       |
| Referrer Service |       |
| Phone |       | Date |       |

**Please check the following before submitting referral to WAPOS:**

1. Patient consents to referral
2. Adult (18+ years)
3. Diagnosed or treated for cancer in the last 3 years (excluding breast cancer). People affected by breast cancer should contact a member of their treating team to discuss alternative clinical psychology services.
4. Experiencing **cancer related** *clinically significant* psychosocial distress.
5. Current Medicare or Department of Veteran Affairs eligibility

**Please contact the Duty Officer on 08 6457 1177 for further discussion around the appropriateness of the referral and/or service option alternatives.**