EMR501000

Government of Western Australia
WA Country Health Service

WACHS Integrated Cancer Services (ICS) Referral Form

For non-users of e-Referrals

CLIENT DETAILS	Date of Birth: _____ / _____ / _____	Sex: ☐ M ☐ F ☐ X
Surname:	Given Name/s:	
Address:		
Home Phone:	Work:	Mobile:
Indigenous Status: ☐ Aboriginal ☐ Aboriginal &Torres Strait Islander ☐ Torres Strait Islander Other: ____________		
Next of Kin:	Phone:	Relationship:
Support Person:	Phone:	Relationship:
REFERRER DETAILS		
Name of Referrer:		Referral Date:
Position / Organisation:		Contact Number:

REASON FOR REFERRAL	☐ Device Management	☐ Coordination of Care
☐ **URGENT** ***	☐ Allied Health Assessment	☐ Administration of Supportive Therapies
☐ **SEMI URGENT**	☐ Psychosocial Support	☐ Toxicity Management
☐ **ROUTINE**	☐ Other: ____________________________	

***If this referral is **urgent** please call the appropriate WACHS Cancer Nurse Consultant prior to sending the form

CANCER DIAGNOSIS AND STAGE — **ECOG Status: 0 1 2 3 4**

Diagnosis:

Staging:

TREATMENT PLAN

☐ Surgery	Specialist: ______________	Site: ______________
Date: ____ / ____ / ____	Details: ______________	
	Contact Details: ______________	
☐ Radiation Oncology	Specialist: ______________	Site: ______________
☐ Concurrent	Start Date: ____ / ____ / ____	Finish Date: ____ / ____ / ____
	Contact Details: ______________	
☐ Medical Oncology	Specialist: ______________	Site: ______________
Date: ____ / ____ / ____	Protocol: ______________	
	Contact Details: ______________	
☐ Haematology	Specialist: ______________	Site: ______________
Date: ____ / ____ / ____	Protocol: ______________	
	Contact Details: ______________	

RELEVANT PAST MEDICAL HISTORY

ALLERGIES / SENSITIVITIES

☐ Yes ☐ No If YES, Specify details: ______________

MEDICAL DEVICES INSITU

☐ N/A – Nil ☐ Tracheostomy ☐ Peg Tube ☐ NGT ☐ IVC / CVC / PICC / Port ☐ IDC

☐ Other: ______________

Current Management Plan: ______________

Supporting documents which outline device insertion details and ongoing requirement supplied ☐ Yes ☐ No

ADDITIONAL INFORMATION

PLEASE FORWARD REFERRAL TO THE APPROPRIATE WACHS REGIONAL CANCER SERVICES AS BELOW

Goldfields	E: goldfieldscancernursecoordinator@health.wa.gov.au	T: 0429 080 547	F: 08 9080 5245
Great Southern	E: greatsoutherncancernursecoordinator@health.wa.gov.au	T: 0427 199 777	F: 08 9845 8752
Kimberley	E: kimberleycancernursecoordinator@health.wa.gov.au	T: 0419 950 022	F: 08 9194 2899
Midwest	E: MidwestCancerNurseCoordinator@health.wa.gov.au	T: 0407 789 774	F: 08 9956 2244
Pilbara	E: pilbaracancernursecoordinator@health.wa.gov.au	T: 0429 083 364	F: 08 9144 7788
South West	E: southwestcancernursecoordinator@health.wa.gov.au	T: 0427 446 028	F: 08 9781 4037
Wheatbelt	E: Wheatbeltcancernursecoordinator@health.wa.gov.au	T: 0427 988 226	F: 08 9690 1601