# EXTERNAL REFERRAL FORM
# SUPPORTIVE CANCER CARE

Provincial Health Services Authority

Issue being addressed must be related to cancer

Addressograph

BC Cancer Centre: ☐ Abbotsford ☐ Kelowna ☐ Prince George ☐ Surrey ☐ Vancouver ☐ Victoria

Referral Date: _____

Patient's Name: _____ DOB: DD / MM / YYYY PHN: _____

Referring Physician/NP/Clinician: _____ Referrer's ☎: _____

Diagnosis: _____

Is the patient/family aware of the referral? ☐ Yes ☐ No Interpreter required? ☐ Yes* ☐ No *Language _____

Does the patient have a known history of violence/aggression? ☐ Yes ☐ No

## NUTRITION

**Referral Criteria**: BC Cancer registered patient experiencing weight loss and/or difficulty eating. For patients with informational needs related to cancer and nutrition, or general nutrition refer patients to HealthLink BC (8-1-1)

Patient's height: _____ and weight: _____ Date measured: _____

**Reason for Referral** (check *all* that apply):

- ☐ Pre-treatment Consult
- ☐ Malnutrition risk
- ☐ Tube feeding
- ☐ Unintentional Weight Loss.
  Weight loss amount _____
  Timeframe of weight loss_____
- ☐ Other: _____
- ☐ Impaired intake due to:
  - ☐ anorexia
  - ☐ diarrhea
  - ☐ dysphagia
  - ☐ mucositis
  - ☐ nausea/vomiting
  - ☐ pain
  - ☐ partial bowel obstruction

## PAIN & SYMPTOM MANAGEMENT/PALLIATIVE CARE referral form click here.

## PATIENT & FAMILY COUNSELLING (PFC)

**Referral Criteria**: Cancer diagnosis/Patient or family member/From diagnosis to 18 months post acute treatment/Requiring practical or emotional support for coping with cancer.

**Reason for Referral** *(check all that apply):*

- ☐ Accommodation
- ☐ Adjustments to diagnosis/treatment
- ☐ After treatment concerns
- ☐ Anxiety
- ☐ Depression
- ☐ Family / relationships
- ☐ Financial & practical assessment
- ☐ Grief / loss
- ☐ Parenting support
- ☐ Stress management
- ☐ Transportation to cancer appointments
- ☐ Work related
- ☐ **Chinese Language Counselling**
- ☐ **Punjabi Language Counselling**

## PSYCHIATRY

**Referral Criteria**: Cancer diagnosis/Patient or family member/From diagnosis to 12 months post acute treatment.

*Emergency services (e.g. patient at imminent risk for suicide) or patients with a significant risk of physical aggression are not eligible. Please follow local processes for patients who require emergency care. Psychiatrists do not see patients for medico-legal purposes.

| | Yes | No |
|---|---|---|
| Does this patient: see a psychiatrist or other mental health care professional in the community? | ☐ | ☐ |

If yes, specify profession: _____

**Reason for Referral** *(check all that apply)*:

- ☐ Anxiety disorder
- ☐ Major depression
- ☐ *Suicidal ideation
- ☐ Diagnostic assessment
- ☐ Deteriorating mental health condition
- ☐ Refusing treatment / unable to attend treatment due to mental health problems
- ☐ Dementia
- ☐ Neurocognitive disorder
- ☐ Personality changes and/or behavioral changes
- ☐ Aggressive cancer significantly affecting mood

**Provide additional information in the comments.**

## SPEECH LANGUAGE PATHOLOGY

**Referral Criteria**: BC Cancer registered patient from diagnosis through post treatment who is experiencing swallowing or communication difficulties as a result of their cancer or cancer treatment (including post-surgical patients, e.g. glossectomy, laryngectomy.)

**Reason for Referral** (check *all* that apply):

- ☐ Pre-treatment Consult
- ☐ Voice
- ☐ Speech
- ☐ Communication
- ☐ Trismus
- ☐ Lymphedema
- ☐ Swallowing/dysphagia

## OTHER SUPPORTIVE CANCER CARE PROGRAMS

- ☐ Art Therapy
  FAX 604-877-6249
- ☐ Spiritual Health
  FAX 604-851-4718
- ☐ Vocational Rehabilitation
  FAX 604-877-6249

**Additional comments:**

**Incomplete referrals will not be processed. Please fax Page 1 and Page 2.**


**WITH YOUR FAX, PLEASE INCLUDE:**

- **COVER PAGE WITH NUMBER OF PAGES BEING SENT**
- **A CONFIDENTIALITY WARNING**

| BC Cancer Centre | Nutrition | PFC | Psychiatry | SLP |
|---|---|---|---|---|
| Abbotsford | 604-851-4718 | 604-851-4718 | 604-851-4718 | 604-851-4872 |
| Kelowna | 250-712-3987 | 250-712-3987 | 250-712-3987 | 250-862-4207 |
| Prince George | 250-645-7381 | 250-645-7381 | 250-645-7381 | 250-645-7381 |
| Surrey | 604-930-4015 | 604-930-4015 | 604-930-4015 | 604-585-5568 |
| Vancouver | 604-877-6120 | 604-877-6249 | 604-877-6249 | 604-877-6435 |
| Victoria | 250-519-2011 | 250-519-2011 | 250-519-2011 | 250-519-2011 |

| BC Cancer Centre | Nutrition | PFC and Psychiatry | Speech Language Pathology |
|---|---|---|---|
| Abbotsford | 604-851-4733 | 604-851-4733 | Services provided by Fraser Health Authority 604-851-4700 x 640497 |
| Kelowna | 250-712-3963 | 250-712-3963 | Services provided by Interior Health Authority 250-862-4000 ext 7327 |
| Prince George | 250-645-7330 | 250-645-7330 | 250-645-7330 |
| Surrey | 604-930-4000 | 604-930-4000 | Services provided by Surrey Memorial Hospital 604-585-5666 x 778318. |
| Vancouver 604-877-6000 | Ext: 672013 | Ext: 672194 | Ext: 67-6268 |
| Victoria | 250-519-5525 | 250-519-5525 | 250-519-5607 |