EXTERNAL REFERRAL FORM SUPPORTIVE CANCER CARE

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 ______________

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 go to www.bccancer.bc.ca/health-professionals/referrals

PATIENT & FAMILY COUNSELLING

Referral Criteria: Registered or in the process of being registered with BC Cancer/ Patient or family member/ From diagnosis to 18 months post treatment/ Requiring emotional or practical support for coping with cancer.

Reason for Referral:

☐ 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

PSYCHIATRY

Referral Criteria: BC Cancer registered patient from diagnosis to 12 months post 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.

Does this patient:

	Yes	No
1. See a psychiatrist or other mental health care professional in the community? If yes, specify profession: ______________________________	☐	☐
2. Have known history of violence/aggression?	☐	☐

Reason for Referral:

☐ Anxiety disorder
☐ Major depression
☐ *Suicidal ideation
☐ Diagnostic assessment
☐ Deteriorating mental health condition
☐ Refusing treatment / unable to attend treatment due to mental health problems
☐ 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

PROVINCIAL SUPPORTIVE CANCER CARE PROGRAMS

☐ Art Therapy
☐ Spiritual Health
☐ Vocational Rehabilitation

Additional comments:

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	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

Print Page 1 and see page 2 for booking instructions - Incomplete referrals will not be processed

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