

Liaison Nurse Referral

Waikato/Bay of Plenty Cancer Society

Referral details	
Date:	NHI number:
Patient's name:	Title (Mr/Mrs):
Address:	
Email:	
Home phone:	Work phone:
Mobile: <input type="checkbox"/> Yes <input type="checkbox"/> No	Ethnicity:
Sex:	Date of birth:
Is the patient aware of this referral to the Cancer Society Liaison Nurses? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Reason for referral:	
Referrer information	
Name:	
Place of work:	
Department:	Position:
Email:	Phone:
Diagnosis Information	
Cancer diagnosis:	Date of diagnosis:
Treatment Plan:	
Surgery:	Surgeon:
Chemotherapy:	Medical Oncologist:
Radiation therapy:	Radiation Oncologist:
Other medical history:	
Medication:	
Social situation:	
GP name:	GP organisation:
GP address:	GP phone:
Other agencies involved:	

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Please send referral to **Cancer Society Liaison Nurse, Waikato/Bay of Plenty Cancer Society, PO Box 1081, Tauranga 3140**, email to tauranga@cancersociety.org.nz or fax to **07 571 2035**