

Referral Form

The YCS provides medical, nursing and psychosocial support for adolescents and young adults (15-25 years) with a recent diagnosis of cancer.



Patient Information		
Name:	DOB:	MRN No:
Gender: <input type="checkbox"/> male <input type="checkbox"/> female <input type="checkbox"/> other (please advise):		
Country of birth:	Preferred language:	
<input type="checkbox"/> Interpreter required (male/female):		<input type="checkbox"/> Aboriginal <input type="checkbox"/> Torres Strait Islander <input type="checkbox"/> both
Street address:		
Suburb:		Postcode:
Phone home:	Mobile:	Email:
Emergency contact/Next of kin		
Full name:	Relationship:	
Contact number:	Email:	
Has patient provided consent to share information with this person? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown		
Patient's General Practitioner		
Name:	Phone:	Fax:
Diagnosis and Treatment Information		
Date of diagnosis:	Diagnosis:	
<input type="checkbox"/> new diagnosis <input type="checkbox"/> relapse/recurrence <input type="checkbox"/> other:		
Current treatment:		
Is patient participating in a clinical trial? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown		
Name/number of trial:		
Treating Team		
Doctor name:	Contact number:	
Treating hospital:	<input type="checkbox"/> Public <input type="checkbox"/> Private	
Referral Details		
Name:	Position:	
Phone:	Mobile:	Email:
Reason for referral:		
Referrer signature:		Date:
Is the patient aware of this referral to the NSW-ACT Youth Cancer Service? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Please return this form to your nearest NSW-ACT Youth Cancer Service		
Newcastle	e: ayaccn@calvarymater.org.au	f: 02 4014 4747
Sydney (Randwick)	e: SESLHD-SydneyYCS@health.nsw.gov.au	f: 02 9382 5090
Westmead	e: westernsydneyYCS@health.nsw.gov.au	f: 02 9845 2171
RPAH/Sarcoma (Camperdown)	e: aya@lh.org.au	f: 02 9515 5426
ACT	e: AYANCC@act.gov.au	f: 02 6244 2887
Office Use Only		
Date received:	Staff member:	Date of initial patient contact: