

REFERRAL - LIFT CANCER SERVICES



Thank you for your referral. Lift Cancer Care Services will assess your patient and provide treatment as clinically indicated
For questions please call (08) 7231 8000 from 8am - 5pm, Monday - Friday

Please print or complete electronically and fax to (08) 7200 3108 (please include 08 at the start of fax number)

Date of Referral	<input type="checkbox"/> The patient is aware that this referral has been made and has consented to this referral
Referring Doctor	Diagnosis
<i>Please affix patient label here</i>	Oncology Treatment

MULTI-DISCIPLINARY SCREENING ASSESSMENT	
<input type="checkbox"/>	Patient is likely to require multiple services, please provide with a multi-disciplinary screening assessment

OR as individually indicated below

EXERCISE MEDICINE		
<input type="checkbox"/> Cancer related fatigue	<input type="checkbox"/> Reduce cancer recurrence	<input type="checkbox"/> Improve body composition
<input type="checkbox"/> Assist with weight management	<input type="checkbox"/> Assist management of treatment side effects	<input type="checkbox"/> Assist with treatment completion
<input type="checkbox"/> Other (please detail)		

CLINICAL PSYCHOLOGY	
<input type="checkbox"/> Elevated score on distress thermometer	<input type="checkbox"/> Patient has asked to see psychologist
<input type="checkbox"/> Other (please detail)	

DIETETICS	
<input type="checkbox"/> Weight loss/malnutrition	<input type="checkbox"/> Diagnosed with pancreatic ca / head & neck ca / oesophageal ca / liver ca
<input type="checkbox"/> Loss of appetite or reduced intake	<input type="checkbox"/> Rx side effects – dry mouth, mouth sores, nausea, vomiting, taste change
<input type="checkbox"/> PEG / NGT planned or recently inserted	<input type="checkbox"/> Patient concerned about unexplained increase in weight
<input type="checkbox"/> Other (please detail)	

SPEECH THERAPY		
<input type="checkbox"/> Recurrent aspiration pneumonia	<input type="checkbox"/> Difficulty swallowing	<input type="checkbox"/> Limited jaw movement
<input type="checkbox"/> Speech/language difficulties	<input type="checkbox"/> Diagnosed with head & neck ca / oesophageal ca	
<input type="checkbox"/> Other (please detail)		

PHYSIOTHERAPY		
<input type="checkbox"/> Musculoskeletal injury	<input type="checkbox"/> Pain management	<input type="checkbox"/> Functional limitation
<input type="checkbox"/> Rehab following surgery (please detail)		
<input type="checkbox"/> Other (please detail)		

LYMPHOEDEMA SCREENING	
<input type="checkbox"/> Surgery with lymph node dissection	<input type="checkbox"/> Radiotherapy to pelvis/breast/axillary/internal mammary/subclavian nodes