



look good **feel better**

FACING CANCER WITH CONFIDENCE

# HOME DELIVERED CONFIDENCE KIT REFERRAL FORM

## SECTION 1 – TO BE COMPLETED BY PATIENT

A home-delivered Confidence Kit is available for cancer patients who cannot attend a Look Good Feel Better workshop for some reason.

Please tick all that are applicable to your situation:

- Not well enough to attend a workshop
- Distance from workshop
- Unable to travel
- Workshop times clash with treatment
- Work/family commitments
- Previously missed a workshop
- Other .....

First name ..... Surname .....

Email .....

Postal address .....

Suburb ..... State ..... Postcode .....

Home phone ( ) ..... Mobile phone .....

Date of birth .....

Are you  Male  Female  Teen

Would you like to receive communication from LGFB in the future?  Yes  No

How did you hear about LGFB? .....

## SECTION 2 – TO BE COMPLETED BY HEALTH PROFESSIONAL

I confirm that the above-named person:

- Is currently under my care and/or receiving treatment at this facility

First name ..... Surname .....

Position .....

Treatment Centre/Facility .....

Email address .....

Phone number ..... Signature .....

Would you like to receive communication from LGFB in the future?  Yes  No