

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

Workshop times clash with treatment

Distance from workshop

Work/family commitments

Unable to travel

Previously missed a workshop

First Name: Surname:

Email:

We would appreciate you providing an email address so that we can communicate with you via email. This will greatly assist our efforts to minimise the costs of administering our program.

Postal Address:

Suburb: State: Postcode:

Home Ph: Mobile:

Date Of Birth:

How do you identify? Male Female Other

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 a health professional

I confirm that the above-named person is currently under my care and/or receiving treatment at this facility Yes No

First Name: Surname:

Position:

Treatment Centre/Facility:

Email:

Phone Number: Signature:

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