



# 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 | <input type="checkbox"/> | Workshop times clash with treatment | <input type="checkbox"/> |
| Distance from workshop               | <input type="checkbox"/> | Work/family commitments             | <input type="checkbox"/> |
| Unable to travel                     | <input type="checkbox"/> | Previously missed a workshop        | <input type="checkbox"/> |

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