



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