

**Important Information**

- Use this form to refer patients to the COUCH Wellness Centre for access to integrative health and well-being services, including care coordination and case management by cancer care nurses.
- Please ensure patients are aware the COUCH Wellness Centre is a fee-paying service, with Medicare, DVA and Private Health Fund claiming available.
- Patients must meet the below criteria to be eligible for membership at the COUCH Wellness Centre, and eligibility does not automatically guarantee access to services.
  - Confirmed cancer diagnosis within previous 5 years, verified by GP or treating team.
  - If referral is for Carer, consent is provided by diagnosed patient, their diagnosis and treatment details are known, and they are a member of the COUCH Wellness Centre.
  - Patient's presenting concerns relate to cancer diagnosis and/or treatment for cancer.
  - Patient is medically and psychologically stable.

**Fax completed form to the COUCH Wellness Centre on (07) 4032 0498 or email our clinical team at [referrals@couchwellness.com.au](mailto:referrals@couchwellness.com.au).**

Patient/Client Details			
Patient Name:		D.O.B:	
Medicare Number:		Reference:	Exp:
Direct Phone:		Email:	
Home Address:			
Aboriginal or Torres Strait Islander?	<input type="checkbox"/> Aboriginal <input type="checkbox"/> Torres Strait <input type="checkbox"/> Both <input type="checkbox"/> Unknown		
Primary Language:		Interpreter	<input type="checkbox"/> Yes <input type="checkbox"/> No
Consent for Referral	<input type="checkbox"/> Yes <input type="checkbox"/> No              Consent Includes the patient agreeing for their information recorded at the COUCH Wellness Centre to be shared with relevant assessment organisations, personnel and reciprocal sharing of information with you (the referrer) about this referral.		

Referring GP/Treating Team Details		Referring Allied Health Details	
Name:	Profession:	Name:	Profession:
Practice/Facility:		Practice:	
Address:		Address:	
Direct Phone:		Phone:	

End of Kauri St (off Enmore), Manoora, Cairns  
PO Box 900, Edge Hill Q 4870

www.  
**couch**  
.org.au

Patient Name: \_\_\_\_\_

**Referral Information**

Reason for Referral:	
Referral Urgency (include reason details if urgent):	
Alerts or Concerns:	

**Medical Information**

Cancer Diagnosis:	Diagnosis:		Date:	
	Stage/Grade:		Other:	
Phase of Care:	<input type="checkbox"/> Diagnosis <input type="checkbox"/> Treatment <input type="checkbox"/> Survivorship <input type="checkbox"/> Palliation <input type="checkbox"/> Other			
Cancer Treatment Details:				
Relevant Past Medical History:	<input type="checkbox"/> Medication List Attached			

**Services Required (all members are case managed by a COUCH Wellness Centre Cancer Care Nurse)**

Allied Health – attach GPMP or TCA		Complementary Services	
<input type="checkbox"/> Dietitian <input type="checkbox"/> Physiotherapy <input type="checkbox"/> Psychology	<input type="checkbox"/> Diabetes Educator <input type="checkbox"/> Exercise Physiologist	<input type="checkbox"/> Acupuncture <input type="checkbox"/> Reflexology <input type="checkbox"/> Yoga <input type="checkbox"/> Education <input type="checkbox"/> Counselling	<input type="checkbox"/> Oncology Massage <input type="checkbox"/> Meditation <input type="checkbox"/> Pilates <input type="checkbox"/> Community Connect <input type="checkbox"/> Other
Have you discussed the gap fees for services at the COUCH Wellness Centre?	<input type="checkbox"/> Yes <input type="checkbox"/> No Patients may be eligible for Medicare, DVA and Private Health claiming. Fees are subsidised to support client's engagement and compliance.	\$30 per month \$45-65 fee \$65 per consult \$60 per consult \$donation \$10 fee	Care Partnership Fee Wellness Care Plan Allied Health Consult Complementary Therapy Yoga/Pilates/Meditation Community Connect

Referrer Signature:	Adding your name here, acts as signatory approval	Date:	
---------------------	---	-------	--