

IMPORTANT INFORMATION

- 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 and treatment within previous 5 years.
 - Patient’s presenting concerns relate to cancer diagnosis and/or treatment for cancer.
 - Patient is medically and psychologically stable.

HEALTH PROFESSIONAL DETAILS			
Name		Provider #	
Profession		Phone Number	
Email Address			
Practice/Surgery/Business Name			
Business Address			
PATIENT DETAILS			
First Name		Last Name	
Date of Birth		Phone Number	
Email Address			
Home Address			
Marital Status	<input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/> Separated <input type="checkbox"/> Married/De facto		
Aboriginal or Torres Strait Islander	<input type="checkbox"/> Aboriginal <input type="checkbox"/> Torres Strait Islander <input type="checkbox"/> Both <input type="checkbox"/> Unknown		
REFERRAL INFORMATION			
Reason for Referral			
Referral Urgency (include details if urgent)			
Alerts or concerns			

Access from end of Kauri Street or Reservoir Road
Manoora, Cairns
PO Box 900, Edge Hill Q 4870

www.
couch
.org.au

Patient Name: _____ DOB: _____

MEDICAL INFORMATION & HISTORY			
Cancer Diagnosis	Diagnosis		
	Stage/Grade		Date Diagnosed
Metastatic Disease	<input type="checkbox"/> Yes <input type="checkbox"/> No	Comments:	
Current Phase	<input type="checkbox"/> Diagnosis <input type="checkbox"/> Treatment <input type="checkbox"/> Survivorship <input type="checkbox"/> Palliation <input type="checkbox"/> Other		
Cancer Treatment Details			
Relevant Medical History	<input type="checkbox"/> Yes <input type="checkbox"/> No Medication List Attached		

SERVICES REQUIRED (all patients are case managed by a Cancer Care Registered Nurse)		
Allied Health – attach GPMP, MHCP or TCA	Group Classes and Symptom Management Therapies	
<input type="checkbox"/> Dietitian <input type="checkbox"/> Diabetes Education <input type="checkbox"/> Physiotherapy <input type="checkbox"/> Exercise Physiology <input type="checkbox"/> Accredited Mental Health Practitioner	<input type="checkbox"/> Acupuncture <input type="checkbox"/> Reflexology <input type="checkbox"/> Oncology Massage <input type="checkbox"/> Support Groups <input type="checkbox"/> Exercise Classes	<input type="checkbox"/> Yoga <input type="checkbox"/> Meditation <input type="checkbox"/> Pilates <input type="checkbox"/> Tai Chi <input type="checkbox"/> Other

RECORD OF PATIENT CONSENT			
<p>I have discussed this referral with the patient and the patient agrees for their information to be recorded at the COUCH Wellness Centre. Such information may be shared with relevant assessment organisations, COUCH Wellness Centre personnel, the patient's GP and treating team. The patient understands the proposed use and has provided their informed consent.</p> <p>The patient agrees and consents to the team at the COUCH Wellness Centre to contact them directly and discuss cancer care supports and services available.</p>			
Signature of Referrer	<small>If unable to sign document, submission of referral form acts as signatory approval.</small>	Name of Referrer	
Date of Referral		Patient Consent	<input type="checkbox"/> Yes <input type="checkbox"/> No

Submit completed form to referrals@couchwellness.com.au via:
 Practice Software Secure Messaging, or
 Clicking the SUBMIT HERE button and emailing directly.
 If unable to email, please fax to our referrals team on (07) 4032 0498

