



Referral Form for Counselling, Support and Complementary Therapies

This form **must** be completed in full by a medical / health & social care practitioner involved in the patient's care. Details provided should be checked and verified by the patient. Both the medical / health & social care practitioner and the patient should sign in the relevant sections.

If you have any further questions or are unsure about eligibility, please contact Pretty 'n' Pink on 02890 347780.

Part 1. Details of Applicant (patient)

Name:
Date of Birth:
Address:
Telephone:

Part 2. Medical Information

Does the applicant currently have / or has the applicant previously had a breast cancer diagnosis? Yes <input type="checkbox"/> No <input type="checkbox"/>
Date of Diagnosis:
Is the applicant currently receiving treatment for breast cancer, or has the applicant received treatment for breast cancer within the last 6 months? Yes <input type="checkbox"/> No <input type="checkbox"/>
If yes, please briefly describe treatment.

If applicant is not currently undergoing treatment, are they still suffering effects of a previous breast cancer diagnosis or the treatment of breast cancer?

Yes No

If yes, please provide brief description.

Is the applicant currently receiving Counselling, Support or Complementary Therapies from another source?

Yes No

Please give brief details:

Part 3. Details of medical / health care practitioner involved in patients care

Name:

Position (ie GP, Oncologist, Breast Care Nurse etc):

Address:

Telephone:

Email:

Service patient is applying for

Counselling/Support Complementary Therapies

Complementary Therapies only Are there any therapies/treatment that the patient cannot participate in? If yes, please provide details detail below

Declaration from medical / health care practitioner:

I hereby declare that I am involved in the patients care

Signature: _____

Date: _____

Declaration from applicant:

I have checked and verified the information supplied in this application and confirm it to be correct.

Applicant Signature: _____ Date: _____

Any personal or medical information supplied here will be used by Pretty 'n' Pink, for the purpose of processing the application. In some circumstances we may request further information in support of your application. Any information supplied will not be disclosed (without your prior permission) to any other party or organisation. On occasion we may contact you in the future to inform you of other Pretty 'n' Pink Services.

Please sign here to give your consent to Pretty 'n' Pink to use your data for the processing of this application.

Applicant Signature: _____ Date: _____

I would like to be informed of other Pretty 'n' Pink services in the future:

Please return completed application forms to:

Pretty 'n' Pink Breast Cancer Charity
Unit 2 The Park Centre
Donegall Road
Belfast
BT12 6HN

For further information please telephone 02890 347780, or email info@prettypink.org.