

REFERRAL FORM

We can help...

by offering specialist therapeutic services to children, teenagers or young adults aged 0-24 diagnosed with cancer, and their families.

Our support is available to children and young people diagnosed within the last two years.

FOR OFFICE USE ONLY

Diagnosed Child/Teenager/Young Adult

Name:	
Date Received:	Ref. number:

TO MINIMISE DELAYS, PLEASE COMPLETE ALL SECTIONS OF THIS FORM Sections 4 & 5 must be completed by a healthcare professional

Section 1: Diagnosed Child/Teenager/Young Adult Information		
Title	First name(s)	Surname
DOB	Address	
		Postcode
Telephone		Mobile
Email		
Diagnosis/Rela	ıpse	Treatment
		Date of Diagnosis/Relapse
Main treatmen	nt centre/hospital	
Section 2: Po	arent/Carer Infor	mation
Title	First name(s)	Surname
Address		
Postcode	Email	
Telephone		Mobile
Relationship to	diagnosed child $[$	
Title	First name(s)	Surname
Address		
Postcode	Email	
Telephone		Mobile
Relationship to	diagnosed child	
Section 3: C	Children/Teenage	rs and Young Adults living in the Family Home
Please tell us t	the names and da	tes of birth of all siblings living within the household.
Title	First name(s	Surname DOB

Section 4: Referrer Information
Title Surname Surname
Job Title
Address
Postcode Email
Telephone Mobile
Signature Date
Section 5: Background Information
Impact of cancer on family and need for support.
Continue / Constitut Continue Formathy Many Illiant To Averil Of
Section 6: Specific Service Family May Want To Avail Of
Individual Support for diagnosed child/young person (5-24 years old)
Individual Support for siblings (5-24 years old)
Group Work for diagnosed child/young person (8-24 years old)
Group Work for siblings (8-17 years old)
Therapeutic Short Breaks at Daisy Lodge
Parental Support
Section 7: Consent for Referral (Must be completed by parent/carer/young adult)
I confirm that I give consent for this referral to be made on my behalf to Cancer Fund for Children.
Signature

Once you have completed this form please return it to:

The Services Administrator Cancer Fund for Children, Curlew Pavilion, Portside Business Park, Airport Road West, Belfast, BT3 9ED

If you need help completing this form please contact us on:

T: 028 9080 5599

E: services@cancerfundforchildren.com



cancerfundforchildren.com

NI Charity Commission No. NIC100532

Cancer Fund for Children is registered as a data controller with the Information Commissioner's Office. Our Registration Number is Z1792224. All personal data obtained by Cancer Fund for Children is stored securely in accordance with the principles of the General Data Protection Regulation (GDPR).

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New Referral Re-referral Relapse	Signature of Manager Date Allocated to (Specialist)	