Health
Nepean Blue Mountains
Local Health District

Facility:

NEPEAN CANCER CARE CENTRE COMMUNITY OUTPATIENT OCCUPATIONAL THERAPY REFERRAL

FAMILY NAME	MRN
GIVEN NAME	☐ MALE ☐ FEMALE
D.O.B. _____/_____/_____	M.O.
ADDRESS	
LOCATION / WARD	
COMPLETE ALL DETAILS OR AFFIX PATIENT LABEL HERE	

This form is only to be used for current patients of NCCC with a cancer diagnosis. For all other referrals please refer to the community OT services (1800 222 608). Please complete all information.

Referrals: NBMLHD-CancerCareReferrals@health.nsw.gov.au

Enquiries: NCCC Community Occupational Therapist: 0417 700 085 or NCCC Senior Occupational Therapist: 0455 866 449

*Mandatory field - referral cannot be processed if information is not completed

*Referral Date: _____/_____/_____ Patient Consent for Referral: ☐ Yes ☐ No

Referrer Contact Information

*Name: _____ *Phone: _____

*Email: _____@_____ *Designation: _____

*Person to contact (if not patient): _____

Consultant: _____

Cancer diagnosis: _____ Initial issue: _____

Reason for Referral

At risk of admission to hospital (why?):

Existing pressure area or high risk of pressure area developing (Waterlow Score/ Grade of pressure injury):

At risk of falls and/or falls within the last 2 weeks. (please provide reason for fall/ specific risk factors):

Deterioration in function (provide examples below):

Deterioration in cognition (provide examples below):

At risk of carer injury and/or carer education required (provide details below):

Review of home environment required (provide details below):

Other (provide details below):

Safety Issues: (yes/ no — elaborate where possible)

Pets:	☐ Yes ☐ No
Mental Health History:	☐ Yes ☐ No
Property Access Issues:	☐ Yes ☐ No
Aggressive Behaviour:	☐ Yes ☐ No
Other:	☐ Yes ☐ No

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