To refer someone to Tenovus Cancer Care or Money&More services - Email this form to:

refertous@tenovuscancercare.org.uk or call **0808 808 1010** with the referral details.

tenovus cancer care gofal canser

Before making a referral, please confirm patient's agreement to the following statement:

'I agree to being referred to Tenovus Cancer Care and for my personal and clinical information to be shared with the charity, for the purpose of providing me with support'. Tenovus Cancer Care promise to always keep your details safe; we will never sell them, and we will only share with third parties for the purpose of dealing with your case. For more details visit our website for our Privacy Policy.

Tick to confirm: ☐

Referrer Details

Referrer's name	Role
Hospital / Organisation	Date of referral
Email	Phone number

Reason for referral (please tick all required support):

☐ Tenovus Cancer Care Nurse Telephone Support (Callback)

☐ Tenovus Macmillan Benefits Advice

☐ Tenovus Cancer Care Individual Counselling

Patient details

Title	First name	Surname
Address		Postcode
Landline (patient only)	Mobile (patient only)	NHS number
Email		
D.o.B.	Gender	Marital status
GP name and surgery	Consultant name	
	CNS	
Preferred language Welsh/English/Other (please specify)		
Communication needs (if listing an alternative contact, please include their name, number and relationship here)		

PLEASE CONTINUE ON NEXT PAGE →

Please only complete the details in this box for referrals to the Tenovus Cancer Care Nurse-led Cancer Callback or Tenovus Macmillan Benefits Advice

Cancer diagnosis

Diagnosis date

Any other significant comorbidities? ☐ Yes ☐ No

If YES, please provide details

SACT details (if relevant) - please include drug name and regime:

Start date of SACT:

Is patient aware of diagnosis / prognosis? ☐ Yes ☐ No

SR1 eligible? ☐ Yes ☐ No

If **YES**, please attach a copy of the completed SR1 report

Any other information (surgery, treatment, personal or living circumstances):

Please complete this box for all Tenovus Cancer Care Counselling referrals

If referring to individual counselling, please include reason and any other important information you think we should know.

Does the patient have a mental health diagnosis and are they currently accessing any support?

TRUSTED PARTNER NOTES

Where applicable, please detail any holistic support already signposted or referred to and what remaining support may be required from us.