

Lymphoma Australia Referral Form



Email completed form to: nurse@lymphoma.org.au

Lymphoma Care Nurses support line: 1800 953 081. Please provide patient or carer information, so that Lymphoma Australia can provide the most appropriate support and information. A Lymphoma Care Nurse will contact the patient/carer within 1-2 business days.

REFERRER DETAILS

YES NO

Patient diagnosed with lymphoma/CLL?			
Carer or know someone with lymphoma/CLL			
Health care professional			
Surname		First name	
Contact phone		Email	
Hospital		Postcode	

REFERRAL DETAILS

YES NO

New diagnosis of lymphoma/CLL			
Living with lymphoma/CLL			
Relapsed or refractory lymphoma/CLL			
Currently receiving treatment			
Post cancer treatment			
Surname		First name	
Mail address		State	Postcode
Contact phone		Email	
Age of the person diagnosed with lymphoma/CLL (so that we can provide the best information & support)			
Tick one:	0-11	12-14	15-25
			26-30
			31-45
			46-74
			75+
Lymphoma subtype (if known)			

Current treatment management (select all that applies)

Not known yet		"Watch & Wait"	
Chemotherapy (only)		Stem-cell transplant	
Chemo-immunotherapy		Clinical trial	
Immunotherapy (only)		Other (please specify below)	
Radiotherapy			

YES NO

Do you wish to receive emails about Lymphoma Australia upcoming events and eNewsletters?		
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