

主辦機構 Organised by

捐助機構 Funded by

夥伴機構 Collaborating Organisations



## HKACS-Jockey Club "Walking Hand-in-Hand" Cancer Family Support Project

### Referral Form for Medical/Health and Social Professionals

Our ref. no: \_\_\_\_\_

Name of Patient \_\_\_\_\_

Sex / Age \_\_\_\_\_

Contact Number \_\_\_\_\_

Diagnosis \_\_\_\_\_

Treatment received (please ✓)

<input type="checkbox"/> Surgery	<input type="checkbox"/> Radiotherapy	<input type="checkbox"/> Hormonal therapy
<input type="checkbox"/> Chemotherapy	<input type="checkbox"/> Targeted therapy	<input type="checkbox"/> Chinese Medicine
<input type="checkbox"/> Palliative	<input type="checkbox"/> Completed	<input type="checkbox"/> others

Main concern (please ✓)

<input type="checkbox"/> Nutrition	<input type="checkbox"/> Side-effects	<input type="checkbox"/> Emotional Support
<input type="checkbox"/> Recurrence	<input type="checkbox"/> Financial	<input type="checkbox"/> Social support

Other information \_\_\_\_\_

\_\_\_\_\_

Name of Referrer: \_\_\_\_\_ Position: \_\_\_\_\_

Hospital/Organization/Dept.: \_\_\_\_\_

\_\_\_\_\_

Email: \_\_\_\_\_ Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

#### HKACS-Jockey Club "Walking Hand-in-Hand" Cancer Family Support Project

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