



CARE PLAY CONNECT

NORTHERN VIC PSYCHOSEXUAL THERAPY

careplayconnect.com.au

Cancer Services Referral Form for Psychosexual Therapy

Client Personal Details

First Name

Preferred Name

Last Name

Sex

Gender Identity

Pronouns

Date of Birth

Email Address

Mobile Phone

Postcode

Reason for Referral

Why are you thinking about recommending psychosexual therapy for this client?

How Did You Hear About this service?

Are you referring the client/couple to access up to **2** sessions of pro bono psychosexual therapy sessions over 6 months? There are dedicated but limited sessions so waiting periods may apply.

Yes No

For what reason? (This is only available to people referred via cancer services.)

Medical History

Presenting cancer diagnosis and stage:

Cancer treatment current or planned:

Surgery Chemotherapy Radiotherapy Endocrine Therapy Immunotherapy Supportive care

Other treatment:

Other relevant health condition/s or history (Please briefly describe):

Consent

By forwarding this referral, you indicate that the client has consented to this referral and to contact from this service.

Referrer Information

Name

Contact detail

Signature

Date

Please forward the form to contact@careplayconnect.com.au or via the contact link at my website <https://careplayconnect.com.au/contact-me-1>

Thank you,

Krista Phillips

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