WCHH
WOMEN'S COLLEGE HOSPITAL
Healthcare | REVOLUTIONIZED

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SOCIAL WORK REFERRAL FORM
PETER GILGAN CENTRE FOR WOMEN'S CANCERS

PATIENT INFORMATION
(Affix Patient Label/Identification Here)

Name: _____ Date of Birth: ___/___/____
DD/MM/YYYY

Health Card: _____ Version Code: _____

Address: _____

Telephone: _____ Alternate: _____

Referral Date: DD/MM/YYYY

ADDITIONAL PATIENT INFORMATION	REFERRING PROVIDER INFORMATION
Gender identity: _____ Sex assigned at birth: _____ ❑ He, Him ❑ She, Her ❑ They, Them ❑ Other:_____ Allergies: _____ Insurance coverage/self-pay: _____ Language spoken: _____ Interpreter required: ❑ Yes ❑ No	Name: _____ Address: _____ Telephone: _____ Fax: _____ Alternate report sent to: (name/contact information) _____ Billing number: _____ Signature:_____

REASON FOR REFERRAL - Indicate reason for referring patient and check all boxes that apply

Adjustment to Illness (Diagnosis/Treatment/Survivorship) ❑ Assistance with navigating illness experience ❑ Fear of illness recurrence ❑ Decision making difficulties	**Significant Distress** ❑ Suicide/self-harm risk ❑ Aggression or homicidal risk	**Loss and Grief/Bereavement** ❑ Loss of a healthy body and implications (sexual health and body image) ❑ Death and dying
Mental Health Concern ❑ Previous mental health diagnosis ❑ Current mood related challenges (sadness, anxiety, anger, stress, frustration, panic, etc.)	**Family Dynamics** ❑ Family dynamic challenges ❑ Relationship issues ❑ Communication challenges ❑ Assistance with speaking to children about cancer ❑ Child welfare matters	**Functional Aspects/Tasks** ❑ Financial matters ❑ Employment ❑ Housing ❑ Transportation ❑ Access to community supports/resources

Other (please specify): _____

Please indicate timing for appointment

❑ **Urgent** (contact within 24 hours)
❑ **Routine** (contact within 1 week)

Patient informed of referral ❑ **Yes** ❑ **No** **Patient given Social Work contact information** ❑ **Yes** ❑ **No**

OTHER RELEVANT PATIENT CLINICAL INFORMATION

Please include any other relevant medical history, diagnostic/clinical information: