

1	Patient Name Address	Addressograph	Patient Tel.	LPOS Referral Form Leicester Psycho-oncology Service (v June 07)	
	2	DOB			
	Referrers Name		Ref. Tel	Ref. Date:	Ward (which)
3	Hospital LGH LRI GGH LOROS	Department	Hospital #	Cons/RMO	GP

Please complete in as much detail as possible

4	What is the Reason for Referral?	Psychological Concerns	√	Psychiatric Concerns	√
		Fear of Progression		Anxious? (Agitated, panic, PTSD)	
		Treatment Refusal		Depressed? (low interest, self-esteem)	
		Anger		Delirium? (Low orient / attention)	
		Body Image		Dementia? (memory etc)	
		Other? (please state)		Behaviour? (non-compliance, disruptive)	

5	Please Describe the Nature of the Cancer Diagnosis			Prompt
	Type	Site	Stage/Prognosis	Type/ Site / Stage ?
				Investigations?
				Complications?
				Prognosis?

6	Please Describe the Planned Treatment for the Cancer			Prompt
	Surgery	Radiotherapy	Chemotherapy	Adverse Effects?
				Adherence?

7	What are the Background Factors?	Prompt
		Past Psychiatric history?
		Social support?
		Alcohol or Illicit Drug User?
		Difficult Personal History?
		Previous Self-Harm?
		Past Medical History?

8	What is the Patient's (& Family's) Understanding of the Cancer?	Prompt
		Has been told diagnosis?
		Understands the diagnosis?
		Has been told the prognosis?
		Understands the prognosis?

9	What kind of Psychological Treatment Is Ongoing (if any)?	Prompt
		Information / Education
		Support (from who)?
		Medication (specify which)?
		Counselling or similar?

10	Is the Patient Agreeable for Assessment?	Prompt
		Explain purpose of referral to LPOS
		Current suicidal intent?

11	State Desired Response Time	Explanation for Response Time (if not routine)
"Routine"	"Rapid"	"V Urgent"
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7+ days	1-7 days	< 48 hours
<input type="text"/> <input type="text"/> <input type="text"/>		
<i>Patient telephone no. essential for urgent OP referrals</i>		

If appropriate, please refer to:
LPOS, Department of Liaison Psychiatry Brandon Unit, Leicester General Hospital
In hours Tel: (0116) 225 6218 Fax: 295 1951
<i>Please call to discuss any cases of uncertainty & all emergencies</i>