

1	Patient Name Address DOB	Patient Tel. DOB	LPOS Referral Form Leicester Psycho-oncology Service (v Feb11)	
	Addressograph			
2	NHS Number:	Ethnicity	*To Be Seen Where?* OPC LOROS Home ^(why)	
	GP/Practice:	Ref. Tel	Ref. Date:	Ward ^(which)
		3	Referrer:	Contact:
			Cons/RMO:	Hospital:

Please complete in as much detail as possible

4	What is the Reason for Referral?	Psychological Concerns	√	Psychiatric Concerns	√
		Fear of Progression		Anxious? <small>(Agitated, panic, PTSD)</small>	
		Treatment Refusal		Depressed? <small>(low interest, self-esteem)</small>	
		Hopeless / Suicidal		General distress?	
		Body Image worries		Mania / bipolar	
		Anger or denial		Delirium? <small>(Low orient / attention)</small>	
		Family/Relationship		Memory problems? <small>(memory etc)</small>	
		Other? <small>(please state)</small>		Behaviour? <small>(non-compliance, disruptive)</small>	

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

6	Please Describe the Current or 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 & understands diagnosis?
		Has been told & 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		
	Routine	1-7 days	< 48 hrs
	Assessed	Ongoing	To team
	Explanation for Response Time (if not routine)		
			<i>Patient telephone no. essential for urgent OP referrals</i>

If appropriate, please refer to:
LPOS, Department of Psycho-oncology
Daisy Peake Building, Towers Hospital
9am-5pm Tel: 246 3470 Fax: 225 6673

Please call to discuss any cases of uncertainty & all emergencies