

Lymphoedema therapy clinical referral



BCFNZ funds lymphoedema therapy to the value of \$180 with a lymphoedema therapist. Therapy will include assessment, education and management.

Ask your GP, breast cancer specialist or breast nurse to complete this clinical referral form and email to supportservices@bcf.org.nz

Patient details

First name			Surname				
Date of birth	/	/	Ethnicity				
Phone			Email				
Address							
Suburb		City		Postcode			
Type of cancer (please tick): <input type="radio"/> Breast cancer <input type="radio"/> Advanced breast cancer (Metastatic breast cancer)							
Date of breast cancer diagnosis		/	/	Date of breast surgery		/	/
Which clinic will your patient attend?							
Lymphoedema therapy clinics available to BCFNZ-funded patients can be found at www.breastcancerfoundation.org.nz/lymphoedema-therapy							

Please tell us the reason for referral and include relevant information such as breast cancer diagnosis, history of lymphoedema and reason for lymphoedema therapy. You're welcome to include bioimpedance data as we will send this to the treating lymphoedema therapist.

Referred by					
Position	DHB/Clinic				
Email					
Signature		Date		/	/