Cancer Council SA

Breast prosthesis program

Referral form

This application form is to be completed by a health professional. Please scan and send via email to askanurse@cancersa.org.au. For enquires, please contact **Cancer Council 13 11 20**.

REFERRAL DETAILS	
Name of referrer:	Position:
Email:	Phone:
Hospital:	
Referral date:	

CLIENT INFORMATION (person requiring a prosthesis)		
Name:	Date of birth:	
Address:		
Suburb:	State:	Postcode:
Email		
Phone:		
Aboriginal or Torres Strait Islander? ☐ Yes ☐ No CALD background? ☐ Yes ☐ No Specify: _____ Language: _____		
Bra size:	Number of prostheses required:	
Date of surgery:		
Address to send prosthesis: ☐ As above ☐ Alternate address: _____		

COMMENTS

☐ I confirm I am submitting this form on behalf of a person, who, following my assessment and in my professional judgement requires a temporary breast prosthesis.

☐ I confirm the client is aware of and has consented to the use of their personal information for the purpose of Cancer Council SA processing this breast prosthesis referral.

Signature of referrer: Date:

Collection Statement

Your privacy is as important to Cancer Council SA as it is to you. That's why any personal information you give us will be treated with respect and in strict confidence. Personal information is collected to assess and process your application. Your personal information may also have been collected to process donations, issue tax receipts, and to send you updates. We may disclose your information to agents, contractors, and third parties who provide services to us. In doing so, we take reasonable steps to ensure any information held by our service providers is protected. A full copy of our Privacy Policy is available at www.cancersa.org.au/privacy with details about how you can access and correct your personal information, and how we handle any privacy complaints. Call us on 1300 65 65 85 for more details about our commitment to your privacy.

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