



## Uniserve for Cancer Support Request Form

Please send completed form to [uniserve4cancer@gmail.com](mailto:uniserve4cancer@gmail.com)

### PART A. Health Professional/Requester information

\*Mandatory fields

\*Health professional name: \_\_\_\_\_

\*Hospital/treatment centre: \_\_\_\_\_ Occupation/role: \_\_\_\_\_

\*Phone number: \_\_\_\_\_ (and\*pager): \_\_\_\_\_

\*Email: \_\_\_\_\_

Is this request priority?  No  Yes If yes, please state reason: \_\_\_\_\_

Client has given consent to be contacted by Uniserve for Cancer, regarding the assistance detailed on form

I have read and confirm the client has been informed of the following privacy statement  Yes  No

Uniserve for Cancer values your privacy. Uniserve for Cancer is collecting the information on this form for the purpose of referring the client to our services. By completing this form you undertake that you and all third parties on whose behalf you are completing this form, consent to that information being used by Uniserve for Cancer and being shared with third-party service providers for that purpose. Uniserve for Cancer will handle all Personal Information provided on this form in accordance with the Privacy Act 1988 (Cth) and its Privacy Policy. If you have any questions relating to the Uniserve for Cancer Privacy Policy or the manner in which we handle your personal information, please contact Sam Campione at [uniserve4cancer@gmail.com](mailto:uniserve4cancer@gmail.com).

### PART B. Patient Information

\*Mandatory fields

Title: \_\_\_\_\_ \*First name: \_\_\_\_\_ \*Surname: \_\_\_\_\_

Preferred name: \_\_\_\_\_ \*Date of birth: \_\_\_\_/\_\_\_\_/\_\_\_\_

Email: \_\_\_\_\_ \*Mobile: \_\_\_\_\_

\*Home street address: \_\_\_\_\_ Suburb: \_\_\_\_\_ Postcode: \_\_\_\_\_

Gender identity:  Female  Male  Other

\*Aboriginal and/or Torres Strait Islander origin?

Yes, Aboriginal  Yes, Torres Strait Islander  No, neither

\*Main language spoken at home: \_\_\_\_\_ \*Interpreter needed  Yes  No

