

**South Island Cancer PsychoSocial Service (CPS) *Request for Adult Service (16 yrs+)***

Email this form to **CPS@ southerndhb.govt.nz**

For enquiries, please call **0800 222 158** and leave a message

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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| Name: | | | |  | | | | | | | | | | | | NHI: | | | |  | | | | | | | | | | |
| Address: | | | |  | | | | | | | | | | | | DOB: | | | |  | | | | | | | | | | |
|  | | | |  | | | | | | | | | | | | Age: | | | |  | | | | | | | | | | |
| Contact number: | | | |  | | | | | | | | | | | | Consultant: | | | | | |  | | | | | | | | |  |
|  | | |  | | | | | | | | | | | | |  | | |  | | | | | | | | | | | |
| **\*Patient understands and agrees to referral:** | | | | | | | | | | |  | | | | **Interpreter Required:** | | | | | | | | | | |  | | | | |
|  | | |  | | | | | | | | | | | | |  | | | | | | | | | |  | | | | |
| **Ethnicity**: | Asian | | | | | | Maori | | |  | | | **Gender**: | | | | | Male | | | | |  | | | | | | | |
|  | Pacific Island | | | | | | NZ European | | | | | |  | | | | | Female | | | | |  | | | | | | |  |
|  | Other | | | | | |  | | | | | |  | | | | | Other | | | | |  | | | | | | |  |
| **Diagnosis:** | |  | | | | | | | | | | | **Date of Diagnosis:** | | | | | | | | | | |  | | | | | | |
|  | |  | | | | | | | | | | |  | | | | | | | | | | |  | | | | | | |
| **Stage:** (Tick all that apply) | | | | |  |  | | |  | | | **Treatment:** (Tick all that apply) | | | | | | | | | | | | | | |  | | | |
| High Suspicion | | | | |  | Palliative | | |  | | | Chemotherapy | | | | | | | | | | | |  | Radiation Therapy | | | |  | |
| New cancer diagnosis | | | | |  | Post Treatment | | |  | | | Maintenance | | | | | | | | | | | |  | Surveillance | | | |  | |
| Treatment (intensive) | | | | |  | Recurrence | | |  | | | Surgery | | | | | | | | | | | |  | Other: | | |  | | |
|  | | | | |  | | |  | | | | | |  | | |  | | | | | | | | | |  | | | |
| **YOUR ASSESSMENT** (reason for referral, patient concerns/needs, identified risks – please refer to the indicators overleaf and provide appropriate detail)    *(textbox will expand)* | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | |  | | |  | | | | | |  | | |  | | | | | | | | | |  | | | |
| **BACKGROUND** (social situation/medical and mental health/Family and Whanau Support)    *(textbox will expand)* | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | |  | | |  | | | | | |  | | |  | | | | | | | | | |  | | | |
| **Patient’s Current Location?** | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | |
| *(E.g. Inpatient ward or Outpatient, region.)* | | | | | | | |  | | | | | | | | | | | | |  | | | | | | | | | |
| **Other Services Involved?** | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | |
| *(e.g. PHO, DHB, NGOs – please specify)* | | | | | | | |  | | | | | | | | | | | | |  | | | | | | | | | |

**Has Distress Screening Tool been completed and attached?**  **Yes**  **No**

**If not, why not?**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **REFERRAL INFORMATION** | | | | |
| **Referring to:** | Social Worker |  | Psychology |  |
| **Referred by:** |  | | | **Position:** |
| **Date**: |  | | | **Phone:** |
|  |  | | |  |

|  |  |
| --- | --- |
| ***The table below provides a guide to completing the referral form overleaf.*** | |
|  | |
| High and complex needs, for the purpose of entry to our service, have been defined as: ‘A multiplicity of stressors, poor or overwhelmed coping strategies, insufficient support network, and/or unrelenting distress in the presence of a range of risk factors. It is necessary that the distress associated with the cancer diagnosis, or suspicion of, is sustained (i.e. not acute) and that there is significant impairment to the person’s usual level of functioning. Barriers to engagement or access to recommended treatment is also an important reason to refer to CPSSS. | |
|  | |
| **Indicators of high distress and complex needs** |
| * Other physical health comorbidities? |
| * Debilitating and /or distressing physical symptoms e.g. pain, body image concerns, fatigue etc.? |
| * Mental health comorbidities e.g. anxiety, depression, psychotic illness, substance misuse etc.? |
| * Cognitive / intellectual impairment? |
| * Barriers to engagement and / or treatment? |
| * Geographic isolation? |
| * Limited support / relationship difficulties / carer strain? |
| * Financial difficulty? |
| * Individual overwhelmed / limited coping strategies? |
| * **Other** needs identified? E.g. Housing or accommodation issues; any potential risks to staff? |
|  |



Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ NHI No: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ DOB: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Tel: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

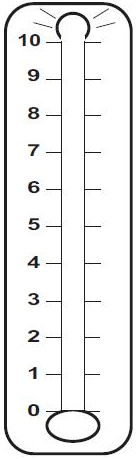
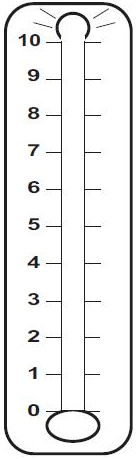
[Attach patient label]

**Hauora/Wellbeing Assessment**

*The following questions help us provide the right support and assistance to meet your needs.*

**3.** Please indicate if any of the following has been a problem for you in the past week including today;

**4.** Then rank the 4 problems contributing most to the distress.



Rank **Family (Whānau)**

* Relationship with partner
* Relationship with children
* Relationship with other whanau / friends
* Family / friends dealing with my illness

Rank **Physical (Tinana)**

* Appearance or body image
* Bowel / bladder
* Breathing difficulties
* Changes in taste
* Eating or appetite
* Fatigue, exhaustion
* Feeling swollen
* Getting around
* High temperature or fever
* Hot flushes
* Indigestion
* Memory or concentration
* Nausea or vomiting
* Pain
* Skin dry, itchy or sore
* Sleep problems and / or nightmares
* Sore or dry mouth
* Speech problems
* Taking medications
* Tingling in hands /feet
* Weight loss / gain
* Wound care after surgery

Rank **Spiritual (Wairua)**

* Challenges to faith and beliefs
* Uncertainties around purpose or meaning of life
* Why me?

Rank **Practical (Whaitake)**

* Caring for others
* Communication with staff
* Cultural obligations
* Hospital processes
* Housework and shopping
* Housing
* Information – too much, too little, confusing
* Money
* Personal care, bathing, dressing
* Transportation
* Treatment requirements
* Work and school

Rank **Emotional (Hinengaro)**

* Anger or frustration
* Fears, worries or anxiety
* Feeling down, depressed or hopeless
* Guilt
* Little interest or pleasure in doing things
* Overwhelmed
* Sadness
* Sexual Intimacy
* Isolation / loneliness
* Other

**Extreme Distress**

**Moderate Distress**

**No**

**Distress**

**Extreme Distress**

**Moderate Distress**

**No**

**Distress**

**2.** Please circle the number (0-10) that best describes how much **impact** this distress (mamae) has had on your life.

**1.** Please circle the number (0-10) that best describes how much **distress** **(mamae)** you have been experiencing in the **past week**, including today.