



CancerConnection

The Canadian Cancer Society's CancerConnection Program matches the patient by phone or in person, with a trained volunteer who has had a similar cancer experience.

Referral Form

To refer a patient to CancerConnection, please call **1-888-939-3333** or fax the completed referral form to **604-675-7301** or email to cancerconnection@bc.cancer.ca and a CancerConnection Coordinator will contact the patient within 2 business days.

Please indicate below if contact time is more urgent.

In accordance with the Personal Information Protection Act (PIPA), the personal information collected on this form will only be used by the CancerConnection team to contact the patient and to initiate the matching process. For further information call **1-888-939-3333**

Date of Referral: _____ Patient: Male Female

Patient's Name: _____ Home Tel.: _____

Current Contact Information: _____
(phone #, hospital room #, if appropriate)

A CancerConnection Coordinator will contact the patient within 2 business days. Please indicate if contact is more urgent.

For non-English speaking patient, please indicate preferred language:

Mandarin Cantonese Other: _____

Patient's Age: _____ Cancer Type: _____

Referred by: _____ Phone #: _____
(name/position)

Name (in full) of referring organization: _____

Address: _____

I confirm that this patient has granted permission for the Canadian Cancer Society to contact him/her: (permission must be granted prior to contact)

Signature: _____ Date: _____
(referrer)

Comments (optional):

