# Psychosocial Care Referral Checklist

## FOR PATIENTS WITH CANCER

### AT INITIAL PRESENTATION

| Date completed |  
|---|---|
| Staff Identification |  

- Patient consent obtained to discuss Checklist at MDC team meeting  
  - Yes  
  - No

| Patient characteristics | Yes |  
|---|---|---|
| Younger than 55 years? |  
| Single/separated/divorced/widowed? |  
| Lives alone /marital/family problems/lack of social support? |  
| Children younger than 21 years? |  
| Financial concerns/issues? |  
| Previous episodes of depression/psychiatric illness/mental health problems? |  
| History of stressful life events? |  
| Problems related to drugs or alcohol? |  
| Female? |  

- Relevant disease or treatment factors?  
  - Yes  
  - No

  If yes, details  
  ________________________________

- Relevant disease or treatment factors±?  
  - Yes  
  - No

  If yes, details  
  ________________________________

### AT FOLLOW-UP

| Date completed |  
|---|---|
| Staff Identification |  

- Additional patient characteristics not recorded at initial presentation  
  - Yes  
  - No

  If yes, details  
  ________________________________

| Disease/treatment factors | Yes |  
|---|---|---|
| Distress caused by physical symptoms? |  
| Distress caused by disease burden? |  
| Impaired ability to perform daily activities? |  
| Lymphoedema? |  
| Chronic pain? |  
| Fatigue? |  

- Relevant disease or treatment factors±?  
  - Yes  
  - No

  If yes, details  
  ________________________________

### Cultural considerations?

- Yes  
- No

  If yes, details  
  ________________________________

### Patient’s current level of distress*

- Low  
- Medium  
- High  
- Unknown

### Referral for further assessment recommended?

- Yes  
- No

  If yes, who will action?  
  ________________________________

### How often is ongoing monitoring required?

  ________________________________

### Date for review

  ________________________________

### Patient agreed to referral?

- Yes  
- No

  If yes, Date  
  ________________________________

### Details of referral:

- Psychiatrist  
- Psychologist  
- Social worker  
- Support group (peer or professional)  
- Other  

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* As per the NCCN Distress thermometer screening tool  
± See explanatory notes for details

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