

Psychosocial Care Referral Checklist

FOR PATIENTS WITH CANCER



Patient identification label here

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

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 Date

Details of referral: Psychiatrist Psychologist
 Social worker Support group (peer or professional)

Other

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 Date

Details of referral: Psychiatrist Psychologist
 Social worker Support group (peer or professional)

Other

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