Patient and Caregiver Self-Referral Form

IMPORTANT This form is not continuously monitored. For urgent or severe symptoms, contact your oncology team, call 911, or go to the nearest Emergency Department.

NO COMMITMENT OR CHARGE **Submitting this form does not commit you to any service. No payment will be charged unless you first choose and consent to a service and its applicable fees.**

1. ABOUT THE PERSON COMPLETING THIS FORM

I am completing this form as *

- ○ The patient
- ○ A family member or caregiver
- ○ Other

First name *

Last name *

Relationship to patient

Primary telephone *

Email

Best time to contact

May Present Help leave a voicemail?

- ○ Yes
- ○ No
- ○ Limited details only

2. PERSON WHO WOULD RECEIVE SUPPORT

Legal first name *

Legal last name *

Preferred name

Date of birth (YYYY-MM-DD) *

Primary telephone *

Email

Address

City *

Postal code

Is the person currently in British Columbia? *

- ○ Yes
- ○ No
- ○ Not sure

Preferred language / interpreter needs

Accessibility or communication needs

If you are completing this for someone else, are they aware and do they permit Present Help to contact them?

- ○ Yes
- ○ No
- ○ Unable to confirm
- ○ Not applicable - completing for myself

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3. CANCER AND TREATMENT INFORMATION

Cancer diagnosis (if known)

Cancer centre / oncology clinic

Current situation

- Planning / not started
- Receiving treatment
- Treatment changing
- Other / unsure

Treatment or protocol name and route, if known

Treatment start, next treatment or other important date

Oncology contact, if known

4. SUPPORT REQUESTED

Select all that apply *

- New consultation
- New treatment teaching
- Change-of-treatment teaching
- Symptom support
- Decision support
- Digital health support
- Caregiver education and support
- Skills training / procedure support

What would you most like help with? What questions or concerns do you have? *

Requested timeframe *

- Priority - contact requested within 3 business days
- Routine - contact requested within 10 calendar days

If your concern cannot safely wait, contact your oncology team or emergency services instead of using this form.

5. UNDERSTANDING AND CONSENT

I understand that Present Help is an independent private-pay service. Submitting this form does not commit me or the patient to any service. No payment will be charged unless the person receiving support first chooses and consents to a service and its applicable fees. Declining Present Help will not affect care from the oncology team or other healthcare providers.

- I understand and agree
- I have questions and would like clarification

Permission to contact *

- I give Present Help permission to contact me about this request
- Do not contact me

Typed name *

Date (YYYY-MM-DD) *

Initials *

SECURE RETURN

This form may contain personal health information. Contact Present Help to confirm the appropriate submission method before sending the completed form:

coach@presenthelp.ca | Telephone: (604) 735-4357 | presenthelp.ca/contact