



DIRECTORY OF SERVICES

INITIAL CANCER ASSESSMENT TEAMS & RELATED TREATMENT AND SUPPORT SERVICES

If you **do not** wish to provide the information detailed in this questionnaire, please return the covering letter in the reply paid envelope or fax back to [ADD FAX NUMBER] or e-mail to [add e-mail address]. We will remove your contact information from our database.

Agency Name and Address							
Postcode							
Telephone No.	TTY Deaf Phone	1800 Number	1300 Number				
Web address							
Status of service – please cross relevant box		<input type="checkbox"/>	PUBLIC	<input type="checkbox"/>	PRIVATE	<input type="checkbox"/>	DVA
Area Health Service or Unit e.g. (ADD LOCAL EXAMPLES)							
Agency Description – please cross relevant box		<input type="checkbox"/>	INPATIENT	<input type="checkbox"/>	OUTPATIENT		
		OTHER (Please specify)					
Geographical Limitations of Services							

If you do provide services and return a completed questionnaire, we will prepare a draft entry for your review and ask that you confirm and authorise its content.

Please indicate below the details of the contact person with whom CanNET NSW can liaise. (These contact details will not be published in the directory):

Contact Name	
Contact Details	

Thank you for taking the time to complete this questionnaire¹.

Please return in the reply paid envelope, or to:

NAME	
ADDRESS	
EMAIL	
FAX	

¹ Source: adapted Department of Health – WA Cancer and Palliative Care Network. 2008. Questionnaire – Statewide Directory of Cancer Services



DIRECTORY OF SERVICES

INITIAL CANCER ASSESSMENT TEAMS & RELATED TREATMENT AND SUPPORT SERVICES

SECTION 1 - SPECIALIST CANCER SERVICES AND MULTIDISCIPLINARY CARE

MULTIDISCIPLINARY CARE (MDC) is an integrated team approach to health care in which medical and allied health professionals *meet in person or via tele/videoconferencing*. During the meetings, the team consider all relevant treatment options and develop collaboratively an individual treatment plan for each patient. In rural areas, service providers may refer patients for their initial assessment and planning to an Multidisciplinary Care Team located in another area.

<p>Please cross a box beside each of the following SPECIALIST CANCER SERVICES that you provide (e.g. BREAST, THORACIC)</p> <p style="text-align: center; font-size: 2em;">➔</p>		BREAST		GYNAECOLOGICAL		HAEMATOLOGICAL		HEAD AND NECK		LOWER GI		THORACIC		NEUROLOGICAL		PAEDIATRICS & ADOLESCENTS		SARCOMA		MELANOMA		UPPER GI		UROLOGICAL		UNDIAGNOSED PRIMARY		RURAL
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

For each service above that you provide, please put a cross in the space provided below to indicate the members of the team who are involved in the initial meeting to assess and plan the person's care.

CORE TEAM															
<i>Clinical Radiologist</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<i>General Practice/GP Liaison Officer</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<i>Histopathologist</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<i>Medical Oncologist</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<i>Radiation Oncologist</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<i>Radiation Therapist</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<i>Specialist Nurse Care Coordinator</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<i>Surgical Oncologist/Specialist Surgeon</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
EXTENDED TEAM															
<i>Bereavement care worker</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<i>Chaplain/pastoral care worker</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<i>Colonoscopist</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<i>Dietician/nutritionist</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<i>Endoscopist</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<i>Gastroenterologist</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<i>General Surgeon</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<i>Genetic/hereditary counselling</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<i>Haematologist</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<i>Nuclear medicine</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<i>Occupational therapist</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<i>Other Medical Surgical Specialist</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<i>Palliative care representative</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<i>Pharmacist</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<i>Physiotherapist/lymphoedema</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<i>Plastic/reconstructive surgeon</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<i>Psychotherapist/psychologist</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<i>Respiratory medicine</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<i>Social worker</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<i>Speech Pathology</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<i>Stoma nurse</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>



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INITIAL CANCER ASSESSMENT TEAMS & RELATED TREATMENT AND SUPPORT SERVICES

SECTION 2 - GENERAL CANCER SERVICES

<i>Please cross to indicate yes only if you provide this service. Otherwise leave blank</i>	YES	<i>Please indicate whether a medical (MR) or OTHER (eg nurse/allied health) referral is required, or whether patients can self refer (SR).</i>					
CHEMOTHERAPY	<input type="checkbox"/>	MR	<input type="checkbox"/>	OTHER	<input type="checkbox"/>		
CLINICAL TRIALS	<input type="checkbox"/>	MR	<input type="checkbox"/>	OTHER	<input type="checkbox"/>	SR	<input type="checkbox"/>
COMPLEMENTARY THERAPY eg bowen therapy, reflexology	<input type="checkbox"/>	MR	<input type="checkbox"/>	OTHER	<input type="checkbox"/>	SR	<input type="checkbox"/>
COUNSELLING/ PSYCHOLOGY	<input type="checkbox"/>	MR	<input type="checkbox"/>	OTHER	<input type="checkbox"/>	SR	<input type="checkbox"/>
DIAGNOSTIC SERVICES	<input type="checkbox"/>	MR	<input type="checkbox"/>	OTHER	<input type="checkbox"/>	SR	<input type="checkbox"/>
HAEMATOLOGY	<input type="checkbox"/>	MR	<input type="checkbox"/>	OTHER	<input type="checkbox"/>	SR	<input type="checkbox"/>
LYMPHOEDEMA CLINIC	<input type="checkbox"/>	MR	<input type="checkbox"/>	OTHER	<input type="checkbox"/>	SR	<input type="checkbox"/>
MEDICAL ONCOLOGY CONSULTATION SERVICE	<input type="checkbox"/>	MR	<input type="checkbox"/>	OTHER	<input type="checkbox"/>	SR	<input type="checkbox"/>
NUTRITION & DIETETICS	<input type="checkbox"/>	MR	<input type="checkbox"/>	OTHER	<input type="checkbox"/>	SR	<input type="checkbox"/>
OCCUPATIONAL THERAPY eg rehab, home assessment, symptom management	<input type="checkbox"/>	MR	<input type="checkbox"/>	OTHER	<input type="checkbox"/>	SR	<input type="checkbox"/>
ONCOLOGY PHARMACY	<input type="checkbox"/>	MR	<input type="checkbox"/>	OTHER	<input type="checkbox"/>	SR	<input type="checkbox"/>
PALLIATIVE CARE	<input type="checkbox"/>	MR	<input type="checkbox"/>	OTHER	<input type="checkbox"/>	SR	<input type="checkbox"/>
PASTORAL CARE	<input type="checkbox"/>	MR	<input type="checkbox"/>	OTHER	<input type="checkbox"/>	SR	<input type="checkbox"/>
PATHOLOGY	<input type="checkbox"/>	MR	<input type="checkbox"/>	OTHER	<input type="checkbox"/>	SR	<input type="checkbox"/>
PHYSIOTHERAPY	<input type="checkbox"/>	MR	<input type="checkbox"/>	OTHER	<input type="checkbox"/>	SR	<input type="checkbox"/>
RADIATION ONCOLOGY CONSULTATION SERVICE	<input type="checkbox"/>	MR	<input type="checkbox"/>	OTHER	<input type="checkbox"/>	SR	<input type="checkbox"/>
RADIATION THERAPY	<input type="checkbox"/>	MR	<input type="checkbox"/>	OTHER	<input type="checkbox"/>	SR	<input type="checkbox"/>
SOCIAL WORK	<input type="checkbox"/>	MR	<input type="checkbox"/>	OTHER	<input type="checkbox"/>	SR	<input type="checkbox"/>
SPECIALIST DENTAL SERVICES	<input type="checkbox"/>	MR	<input type="checkbox"/>	OTHER	<input type="checkbox"/>	SR	<input type="checkbox"/>
SPEECH PATHOLOGY	<input type="checkbox"/>	MR	<input type="checkbox"/>	OTHER	<input type="checkbox"/>	SR	<input type="checkbox"/>
STOMA CARE	<input type="checkbox"/>	MR	<input type="checkbox"/>	OTHER	<input type="checkbox"/>	SR	<input type="checkbox"/>
SURGERY	<input type="checkbox"/>	MR	<input type="checkbox"/>	OTHER	<input type="checkbox"/>		