Navigate | Prostate Cancer Decision Aid

Patient Referral Form

Site ____________________ Date __________________ Referred by ________________________

Patient Details

Name ____ DOB _________________ URN _________________

Address ____

Email ____ Phone ________________________

Appointment Details

Diagnosis Date _____________________

Inclusion Criteria | *All answers should be 'yes' for the patient to be eligible*	**Yes**	**No**
Aged 18+ years	☐	☐
Diagnosed with LRPC in the last three months	☐	☐
Has access to the internet	☐	☐
Proficient enough in English to complete study requirements	☐	☐
Eligible for Active Surveillance (*provide details where known)*	☐	☐

PSA : ___________________________

Clinical stage: ___________________________

Gleason score : ___________________________

Exclusion Criteria | *All answers should be 'no' for the patient to be eligible*	**Yes**	**No**
Has a severe psychiatric or cognitive disorder	☐	☐
Too unwell to participate (as per their treating doctor, self-report, or by the research team)	☐	☐
Based on the inclusion and exclusion criteria, is the patient eligible?	☐	☐

Please e-mail completed form to navigate@petermac.org, or fax: (03) 8559 9209