



THE CHRISTINA GHOBADI FOUNDATION

Building wellness in cancer recovery

Wellness Grants Referral

[Insert Date]

Referrer Details	
Date	
Name	
Organisation	
Job Title	
Contact Number	Phone: _____ Mobile: _____
Email	

Patient Details	
Name of Patient	
Date of Birth	
Address	
Contact Number	Phone: _____ Mobile: _____
Email	
Diagnosis:	
Treatment:	
Treating Hospital	
Patient has given permission to be contacted by The Christina Ghobadi Foundation YES / NO	
Additional Notes	
PLEASE SEND COMPLETED FORM TO:	
The Christina Ghobadi Foundation Address: PO Box 1198 Bundoora 3083 Tel: 0413 045 281 Email: mailto:Info@cgfoundation.org.au Fax: 8414 2829	