

**NEW PATIENT REFERRAL FORM**

3520 Forest Road, Lansing, MI 48910 • Phone: (517) 975-9500 Fax: (517) 975-9511

Today's Date: \_\_\_\_\_

**Referring Physician Information**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Office contact phone #: \_\_\_\_\_ Fax #: \_\_\_\_\_

Patient has been notified they are being referred to Karmanos Cancer Institute? Yes \_\_\_\_\_ No \_\_\_\_\_

**Patient Information**

Demographic sheet attached: Yes \_\_\_\_\_ No \_\_\_\_\_ (if no, please complete entire form)

Name: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Sex: F \_\_\_\_\_ M \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Preferred patient phone #: \_\_\_\_\_ Alternate phone #: \_\_\_\_\_ Best time to call: \_\_\_\_\_ AM PM

Contact person if not patient: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone #: \_\_\_\_\_

Name of insurance: \_\_\_\_\_ Insurance contract: \_\_\_\_\_ Insurance group: \_\_\_\_\_

**Referral Information**

Diagnosis/reason for referral: \_\_\_\_\_

Direct referral to (if applicable): \_\_\_\_\_

Specialty you would like patient to see (if applicable): \_\_\_\_\_ Medical Oncologist \_\_\_\_\_ Radiation Oncologist

\_\_\_\_\_ Gynecologic Oncologist \_\_\_\_\_ Breast Surgery Clinic \_\_\_\_\_ Gastrointestinal Multi-Disciplinary Clinic

\_\_\_\_\_ Genitourinary Multi-Disciplinary Clinic \_\_\_\_\_ Thoracic Multi-Disciplinary Clinic

**Additional information needed by Karmanos Cancer Institute (Fax reports to 517-975-9511)**

\_\_\_\_\_ Pathology report (path slides will need to be requested\*\*)

\_\_\_\_\_ Most recent scans — CT, PET, MRI, Bone Scan, etc. on CD in DICOM format along with reports\*\*

\_\_\_\_\_ All labs

\_\_\_\_\_ Chart Notes

\_\_\_\_\_ Previous cancer treatment including chemotherapy flow and/or radiation flow sheets

\_\_\_\_\_ Surgeon/Medical Oncologist/Radiation Oncologist name and contact information, if applicabl

*\*\*If Karmanos receives a signed Authorization to Release Medical Records form from the patient, we can request these items on the patient's behalf. This form is available on our website, <https://karmanos.org/referlansing>, or we can fax/email it to the patient or provider's office.*

**Karmanos Office Use Only**

Scheduler Name: \_\_\_\_\_ Appointment date: \_\_\_\_\_  Informed Referring Physician