Patient Referral Form

For immediate assistance call us anytime at 1-800-227-2345. **Date** _____/_____/_____

Please PRINT

Patient's Name _____ **Email** _____

Home Address _____

City/State/Zip _____

Primary Ph # (_____)_____ ☐Hm ☐Wk ☐ Cell **Alternate Ph #** (_____)_____ ☐Hm ☐Wk ☐ Cell

Best time to call _____ ☐AM ☐PM **OK to leave message identifying ourselves as ACS?** ☐Yes ☐No

DOB (M/D/Y) _____ / _____ / _____ **Gender** ☐M ☐F **Primary Language** ☐English ☐Spanish

Race
☐African American/Black ☐American Indian/Alaska Native ☐Asian ☐Caucasian/White
☐Hispanic/Latino ☐ Pacific Islander ☐Other_____

Date of Cancer Diagnosis (Month/Year) _____ /_____ **Type of Cancer** (primary site) _____

Insurance (check all that apply) ☐Private ☐Medicare ☐Medicaid/TennCare ☐Military Program ☐Uninsured ☐Declined

SELECT ONE

☐ **INFORMATION PACKET ONLY:** Free information is sent within 1-2 business days of ACS receiving this form.

OR

☐ **INFORMATION PACKET & RESOURCES:** Patient wants free information AND a call within 2 business days to discuss resources selected. Please note details in comments area.

Select resources needed for the patient/caregiver:

☐ Lodging
☐ Look Good … Feel Better (female cancer patients only)
☐ Reach to Recovery (breast cancer patients only)
☐ Other resources
☐ Transportation

COMMENTS

Send information packet by ☐ Mail **OR** ☐ Email (reconfirm) _____

Instead of patient, contact the following if resources are requested: ☐Family Member ☐Caregiver ☐Health Professional

Name _____ Email _____

Primary Phone (_____) _____ OK to leave message? ☐Yes ☐No

Kentucky Women's Cancer Screening Program 1-2GDGJKC

Referring Clinician's Name (print) _____ **Primary Ph # (_____)**_____

Department _____ **Clinician's Email** _____

☐ **PATIENT'S CONSENT (HIPAA)**: Patient understands the HIPAA privacy policy and agrees with the disclosure of this information to the American Cancer Society for the purposes of applicable follow up. The American Cancer Society is a private organization and does not share personal health information.

PATIENT'S SIGNATURE _____

Email to: midsouth.cancerinfo@cancer.org OR FAX form to: 1-866-265-0564

Cancer Sites

Adrenal Cortical
Anal
Bile Duct (Cholangiocarcinoma)
Bladder*
Bone*
Bone Metastasis*
Brain & Spinal Cord Tumors-adults*
Brain & Spinal Cord Tumors-children
Breast*
Breast Cancer in Men
Cancer–Unknown Primary
Castleman Disease
Cervical*
Childhood Leukemia*
Colorectal*
Endometrial (Uterine)*
Esophagus*
Ewing Family of Tumors
Eye–Intraocular Melanoma
Gallbladder*
Gastrointestinal Carcinoid Tumors
Gastrointestinal Stromal Tumor GIST
Gestational Trophoblastic Disease
Hodgkin Disease (lymphoma)*
Kaposi Sarcoma
Kidney (Adult) Renal Cell*
Laryngeal & Hypopharyngeal*
Leukemia–Acute Lymphocytic
Leukemia–Acute Myeloid *
Leukemia–Chronic Lymphocytic*
Leukemia–Chronic Myeloid
Leukemia–Childhood Leukemia
Liver*
Lung-Non-Small Cell*
Lung-Small Cell*
Lung Carcinoid Tumor
Lymphoma of the Skin
Malignant Mesothelioma
Melanoma Skin Cancer*
Multiple Myeloma*
Myelodysplastic Syndromes Diseases*
Nasal Cavity & Paranasal Sinuses
Nasopharyngeal
Neuroblastoma
Non-Hodgkin Lymphoma*
Non-Hodgkin Lymphoma-Children*
Non-Melanoma Skin Cancer
Oral Cavity and Oropharyngeal
Osteosarcoma
Ovarian*
Pancreatic*
Penile
Pituitary
Prostate*
Renal Cell Carcinoma (Kidney)*
Retinoblastoma
Rhabdomyosarcoma
Salivary Gland
Sarcoma Adult Soft Tissue*
Skin–Basal & Squamous Cell*
Small Intestine Adenocarcinoma
Stomach*
Testicular*
Thymus
Thyroid*
Unknown Primary
Uterine (Endometrial)*
Uterine Sarcoma*
Vaginal
Vulvar
Waldenstrom Macroglobulinemia
Wilms Tumor

Other related documents:

Advanced Cancer*
Aplastic Anemia
Cancer in Children

An asterisk (*) indicates the information is available in Spanish.

Following these instructions will help us promptly serve patients.
1. Print all information using dark ink for legibility.
2. Complete all fields.
3. Use the list above for cancer site diagnosis.
4. Select one option: Information Packet only or Information Packet and Resources.

Mailed information packets contain the following documents/brochures:
1. Letter from the American Cancer Society
2. Cancer information: site-specific document from list above
3. Cancer Survivors Network: Web-based support services for cancer survivors and their friends/family
4. Talking with Your Doctor*: Assists patients in building good relationships with health care providers.
5. After Diagnosis booklet*: General information after a diagnosis, including common questions & answers
6. General brochure for patient services and programs