WEST CANCER CENTER & RESEARCH INSTITUTE

Referral Date: _____ Time: _____

MRN #: _____ Initials: _____

Please email this form to NewConsultReps@westclinic.com or fax to 901.922.6701.

NEW PATIENT REFERRAL FORM

Records Required for Referral: **(Please fax to 901.922.6701 with form)**

Oncology DX or High Risk Assessment DX:
- Pathology Report
- Recent Office Notes
- Imaging Report
- Lab Report

Hematology DX:
- Lab Report
- Recent Office Notes

Physician Notes:

Diagnosis / Reason for Visit: _____

Appointment Preference: We will book an appointment with one of our specialists unless a specific provider is requested.

☐ ***Requested Provider:*** _____

Urgency: ☐ Within 24 hours ☐ Within 48 hours ☐ Within 1 week Appointment Date: _____

Does this patient know why they are coming to West Cancer Center: ☐ Yes ☐ No ☐ Uncertain

**** Can West Cancer Center reach out to the patient directly to schedule their appointment:*** ☐ Yes ☐ No

How would you like to be notified of the patient appointment date & time? ☐ Fax ☐ Email ☐ Phone

Patient Information:

Name: _____ ***Date of Birth:*** _____ ☐ ***Female*** ☐ ***Male***

Address: _____

City / State: _____ Zip: _____ ***SSN:*** _____

Primary Phone: _____ ***Secondary Phone:*** _____

Does this patient have any communication, language, cultural, or ethnic needs? ☐ Yes ☐ No

If so, please describe: _____

Patient's Preferred Language: _____

Referring Physician Information:

Referring Physician & Office: _____

Address: _____

Contact Person: _____ ***Contact Phone Number:*** _____

Contact Email: _____ ***Office Fax:*** _____

Patient Insurance Information:

Primary: _____ Secondary: _____

Insured: _____ Insured: _____

ID Number: _____ ID Number: _____

Policy Holder SSN: _____ Policy Holder SSN: _____

Internal Notes

Appointment Notes:

☐ Completed ☐ OL ☐ CB ☐ RFD Scheduled: _____ RFD Appointment: _____

Date: _____ Time: _____ Date: _____ Time: _____

Form of Submission: ☐ Email ☐ Fax ☐ Phone

DX: ☐ Yes ☐ No

☐ Hematology
☐ Medical
☐ Radiology
☐ GYN

☐ Consult Only
☐ Refer & Treat
☐ Co-Management