HAYSMED

Dreiling/Schmidt Cancer Institute

Request for Consultation, New Patient, or Self Referral

***Please note: Patients will not be scheduled without complete documentation**

❑ *Consultation* ❑ *New Patient / Self Referral*

Date: _____ Insurance:_____

Referring Physician:_____ | Primary Physician: _____

Phone #:_____ Fax #:_____ | Phone #:_____ Fax #:_____

Patient's Name:_____ **DOB:**_____ **SS#:**_____

Address: _____
City State Zip Code

Phone Numbers Home:_____ Work:_____ Cell:_____

Diagnosis/Reason referring office is sending patient: _____

ICD-10: _____

Does patient have a pacemaker or defibrillator? ❑ *Yes* ❑ *No* *If yes, which type?*_____

Is patient allergic to iodine? ❑ *Yes* ❑ *No*

Is patient on Glucophage (metformin)? ❑ *Yes* ❑ *No*

Previous Radiation Therapy treatment? ❑ *Yes* ❑ *No* *If yes, to what area?*_____ *Facility Name:*_____

Did the patient have surgery in the area that we will be treating with radiation? ❑ Yes ❑ No

What date was that surgery performed?_____

Date of most recent Medical Oncology appointment:_____

Doctor's Name:_____ Facility:_____

Will concurrent chemotherapy be given? ❑ Yes ❑ No Expected date of first Chemotherapy:_____

Type of Chemotherapy:_____ How many cycles?_____

When was the last Chemotherapy given?_____ Does patient have a port?_____

Is the patient a Veteran? ❑ Yes ❑ No If yes, has a request of service (ROS) been sent? ❑ Yes ❑ No

THE FOLLOWING DOCUMENTATION MUST BE PROVIDED BEFORE THE PATIENT'S APPOINTMENT IS SCHEDULED:

Attach the Following Reports:

- ❑ Biopsy reports for every patient
- ❑ Operative/Procedure report(s)
- ❑ Medical Oncology dictation(s)/Radiation Oncology dictation(s)
- ❑ Prognostics for Breast Cancer
- ❑ Most Recent CBC and CMP
- ❑ Physician Correspondence, H&Ps
- ❑ Discharge summary

Diagnostic Imaging Reports and Images (if documentation is not found, have the referring office order test):

- ❑ Breast Cancer - Mammogram, Ultrasound, Bone Scan, CT Chest, Abdomen, and Pelvis (CAP). Onco Type Diagnosis:_____. Was it ordered? ❑ Yes ❑ No
- ❑ Lung Cancer - CT (CAP), Bone Scan, Whole Body PET/CT
- ❑ Colon/Rectum Cancer - CT (CAP)
- ❑ Head/Neck/Esophagus Cancer - CT (CAP), PET/CT
- ❑ Bone Metastasis - Bone Scan
- ❑ Prostate Cancer - Bone Scan, Most recent PSA (within last 2 months), Previous PSA's, CT (CAP). Lupron or other hormone therapy. Dates of injection(s) _____ Dose:_____

Hematology

- ❑ Prior Lab Work
- ❑ Bone Marrow Report(s)
- ❑ Any imaging reports. Order imaging per Medical Oncologist's direction.