

***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 the patient use VA insurance? Yes No If yes, has a request for service (RFS) been sent? Yes No

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

Previous radiation therapy treatment? Yes No *If yes, to what area?* _____

If yes, facility name: _____

Has the patient been seen by another Medical Oncologist? Yes No

If yes, facility name: _____

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

Attach the Following Reports:

- | | | |
|---|---|--|
| <input type="checkbox"/> Pathology Reports | <input type="checkbox"/> Most Recent CBC and CMP | <input type="checkbox"/> Current Medication List |
| <input type="checkbox"/> Prognostics for Breast Cancer | <input type="checkbox"/> Physician Correspondence, H&Ps | <input type="checkbox"/> Flow Cytometry |
| <input type="checkbox"/> Operative/Procedure Report(s) | <input type="checkbox"/> Discharge Summary | <input type="checkbox"/> Molecular/Genomic Testing Results |
| <input type="checkbox"/> Medical/Radiation Oncology Note(s) | <input type="checkbox"/> Prior Treatment Records | <input type="checkbox"/> Peripheral Smear |

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

CT Chest w/Contrast, CT Abdomen, Pelvis w/wo Contrast

CT Chest, Abdomen, Pelvis = CAP

- 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, PET
- Prostate Cancer - Bone Scan, Most recent PSA (within last 2 months), previous PSAs, CT (CAP), treatment records including dates of hormone injections

Hematology:

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

IF EMERGENT CONSULTATION IS NEEDED, PLEASE SEND REFERRAL AND CALL OUR OFFICE DIRECTLY

Signature of Person Completing Form

Date/Time

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HAYSMED

