



CANCER & HEMATOLOGY
Centers of Western Michigan, P.C.

New Patient Referrals
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New Patient Referral Form

In an effort to serve our mutual patients better and to make their first appointments quickly and efficiently we are supplying this list of information we need prior to accepting a referral from you.

Patient: _____			Date of Birth: _____		
<i>Last</i>	<i>First</i>	<i>Middle</i>	<i>MM / DD / YYYY</i>		
Diagnosis: _____			Date of Referral: _____		
Address: _____					
<i>Street</i>		<i>City</i>		<i>State/Zip</i>	
Phone Number: _____			Social Security Number: _____		
Insurance Provider: _____		Contract #: _____		Group #: _____	
Ethnicity: _____		Language: _____		Email address: _____	
Please select a preferred provider:					
<input type="checkbox"/> Eric Batts, MD		<input type="checkbox"/> Kenneth Krajewski, MD		<input type="checkbox"/> Kelly Lynch, DO	
<input type="checkbox"/> 1st Available					
<input type="checkbox"/>					

Items listed below are required and we cannot complete the patient appointment without them.

Required Documents

___ Office notes from referring physician
___ Operative Note
___ Mammogram/US/Breast MRI

___ All scans in past year
___ All pathology reports

Hematology Patients

___ Labs from the past 2 years

PCP: _____

Name of Ordering Physician: _____

Contact Person: _____ Phone _____ Fax _____