



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

New Patient Referrals
Lacks Cancer Center
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www.chcwm.com

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"/> Thomas Gribbin, MD | <input type="checkbox"/> Kenneth Krajewski, MD |
| <input type="checkbox"/> Jared Knol, MD | <input type="checkbox"/> Eric Santos, MD |
| <input type="checkbox"/> 1st Available | |

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

Required Documents

- Office notes from referring physician
- All scans in past year
- Operative Note
- All pathology reports
- Mammogram/US/Breast MR

PCP: _____

Name of Ordering Physician: _____

Contact Person: _____ Phone _____

Fax _____