

**ADULT CANCER SERVICES REFERRAL CENTER
REFERRAL FORM**

Thank you for choosing to refer your patient to UCSF Helen Diller Family Comprehensive Cancer Center. To start the referral process, please fax this form to the Cancer Services Referral Center at **(415) 514-8253**. If you require additional assistance, please call **877-UCSF-CAN/877-827-3226**.

From: _____
Sender's Phone: () _____
Date: _____

Title: _____
Sender's Fax: () _____
Number of Pages: _____

UCSF Cancer Practice/Specialty: _____

Referred to Physician (optional): _____

Future Surgery Dates (if applicable): _____

Cancer Stage: New Diagnosis Metastatic Recurrence

Non-Cancer Diagnosis Cancer Genetics Evaluation

PATIENT INFORMATION

Patient's First Name: _____

Patient's Last Name: _____

DOB: _____ Gender: _____

Home Phone: () _____

Mobile Phone: () _____

Interpreter Needed: Yes No

If Yes, What Language? _____

MEDICAL INFORMATION

Diagnosis: _____

ICD-10: _____

Reason for Referral: _____

PCP CONTACT INFORMATION

PCP Name: _____

Phone: _____

Include brief pertinent medical records that support the consultation

Clinical Notes

Pathology Reports

Imaging

Labs

REFERRING MD CONTACT INFORMATION

Referring MD: _____

MD Specialty: _____

Phone: () _____

Fax: () _____

Office Name: _____

Office Address: _____

City: _____ Zip: _____

Signature: _____

INSURANCE INFORMATION

***Please include copy of insurance card front and back and HMO authorization if required**

Health Plan: _____

Member ID: _____

Group #: _____

Authorization #: _____

Secondary Insurance, if any: _____

By providing the information requested and signing above, you agree that we may initiate treatment following consultation or perform medically necessary diagnostics, in association with this consultation. We look forward to collaborating with you on your patient's treatment plan.

NOTICE OF CONFIDENTIALITY: This is a confidential fax and is intended solely for the person indicated above. If you are not the intended person, you are hereby notified of the confidential nature of this fax and that you are not entitled to read, copy or otherwise disseminate any of the information contained here.