



# New Patient Referral Form

Fax completed form to 313-576-9827, call 800-527-6266, or email [newpt@karmanos.org](mailto:newpt@karmanos.org) to refer your patient to Karmanos Cancer Institute

Today's Date: \_\_\_\_\_

### Referring Physician Information

Name: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Office Contact Phone #: \_\_\_\_\_ Fax #: \_\_\_\_\_

Patient has been notified they are being referred to Karmanos Cancer Institute? Yes: \_\_\_\_\_ No: \_\_\_\_\_

### Patient Information

Demographic sheet attached: Yes \_\_\_\_\_ No \_\_\_\_\_ (if no, please complete entire form)

Name: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Sex: F \_\_\_\_\_ M \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Preferred Patient Phone #: \_\_\_\_\_ Alternate Phone #: \_\_\_\_\_ Best time to Call: \_\_\_\_\_ AM PM

Contact Person if not patient: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone #: \_\_\_\_\_

Name of Insurance: \_\_\_\_\_ Insurance Contract: \_\_\_\_\_ Insurance Group: \_\_\_\_\_

### Referral Information

Diagnosis/reason for referral: \_\_\_\_\_

Direct referral to (if applicable): \_\_\_\_\_

Specialty you would like patient to see (if applicable): \_\_\_\_\_ Medical Oncologist \_\_\_\_\_ Surgical Oncologist \_\_\_\_\_ Radiation Oncologist  
\_\_\_\_\_ High Risk Breast Clinic \_\_\_\_\_ Genetic Testing \_\_\_\_\_ Phase I

### Additional Information Needed by Karmanos Cancer Institute

Fax reports to 313-576-9827

- \_\_\_\_\_ Pathology report (path slides will need to be requested\*\*)
- \_\_\_\_\_ Most recent scans – CT, PET, MRI, Bone Scan, etc. on CD in DICOM format along with reports\*\*
- \_\_\_\_\_ All labs
- \_\_\_\_\_ Chart Notes
- \_\_\_\_\_ Previous cancer treatment including chemotherapy flow and/or radiation flow sheets
- \_\_\_\_\_ Surgeon/Medical Oncologist/Radiation Oncologist name and contact information, if applicable

\*\*If Karmanos receives a signed Authorization to Release Medical Records form from the patient, we can request these items on the patient's behalf. This form is available on our website, <https://www.karmanos.org/Referral-Materials> or we can fax/email it to the patient or provider's office.

### Karmanos Office Use Only

Scheduler Name: \_\_\_\_\_ Appointment Date: \_\_\_\_\_  Informed Referring Physician