



**LOCATIONS:**

- 4100 Beecher Rd., Flint, MI 48532 • Phone: (810) 342-3801 • FAX: (810) 342-3856
- 3140 W. Campus Rd., Bay City, MI 48706 • Phone: (989) 667-2325 • FAX: (989) 671-1353

**New Patient Referral — GYN/ONC — Benjamin Mize, MD  
GYN/ONC — Naryn Jankowiak NP**

*This form may be faxed or emailed with attention to the Patient Navigator.*

Date: \_\_\_\_\_  Physician Referral  Self-Referral

**Patient Information**

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

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

DOB: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Sex:  Male  Female

SSN: \_\_\_\_ - \_\_\_\_ - \_\_\_\_\_

Primary Phone: ( \_\_\_\_ ) \_\_\_\_ - \_\_\_\_ Alternate Phone: ( \_\_\_\_ ) \_\_\_\_ - \_\_\_\_

Best time to call: \_\_\_\_\_  AM /  PM

Contact Person (if not patient): \_\_\_\_\_ Relationship: \_\_\_\_\_

Contact Phone: ( \_\_\_\_ ) \_\_\_\_ - \_\_\_\_

Primary Physician: \_\_\_\_\_ Office Phone: ( \_\_\_\_ ) \_\_\_\_ - \_\_\_\_

**Referral Information**

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

Previous diagnosis of cancer: \_\_\_\_\_ Previous radiation treatment:  Yes /  No

Surgeon: \_\_\_\_\_ Office Phone: ( \_\_\_\_ ) \_\_\_\_ - \_\_\_\_

Specialist: \_\_\_\_\_ Office Phone: ( \_\_\_\_ ) \_\_\_\_ - \_\_\_\_

McLaren Physician Requested: \_\_\_\_\_

**Patient Insurance Information**

\*\*As of 11/18/2019 Meridian Health Plan is out of network and we cannot consult.

Primary: \_\_\_\_\_

Contract #: \_\_\_\_\_ Group #: \_\_\_\_\_

Secondary: \_\_\_\_\_

Contract #: \_\_\_\_\_ Group #: \_\_\_\_\_

**Referring Physician Information**

Referring Physician: \_\_\_\_\_

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

Office Phone: ( \_\_\_\_\_ ) \_\_\_\_\_ - \_\_\_\_\_ Office FAX: ( \_\_\_\_\_ ) \_\_\_\_\_ - \_\_\_\_\_

Patient has been notified they are being referred to Karmanos Cancer Institute at McLaren Flint and/or McLaren Proton Therapy Center?  Yes /  No

**Additional Information Needed**

- 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
- Surgical Oncologist: \_\_\_\_\_ Office Phone: ( \_\_\_\_\_ ) \_\_\_\_\_ - \_\_\_\_\_
- Medical Oncologist: \_\_\_\_\_ Office Phone: ( \_\_\_\_\_ ) \_\_\_\_\_ - \_\_\_\_\_
- Radiation Oncologist: \_\_\_\_\_ Office Phone: ( \_\_\_\_\_ ) \_\_\_\_\_ - \_\_\_\_\_

**Self-Referral:**

Are you a previous Karmanos or Gynecology/Oncology patient?  Yes /  No

How did you hear about this clinic?

- |  |  |   |
|--|--|---|
| <input type="checkbox"/> Physician               | <input type="checkbox"/> McLaren Website       | <input type="checkbox"/> Online Ad                  |
| <input type="checkbox"/> Friend or Family Member | <input type="checkbox"/> Social Media          | <input type="checkbox"/> Billboard                  |
| <input type="checkbox"/> Mail                    | <input type="checkbox"/> Radio                 | <input type="checkbox"/> Community Event or Seminar |
| <input type="checkbox"/> Internet Search         | <input type="checkbox"/> Newspaper or Magazine | <input type="checkbox"/> Other: _____               |

**Office Use Only:**

Scheduler: \_\_\_\_\_ Date: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

Physician Assigned: \_\_\_\_\_

Scheduled Appointment Date & Time: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ : \_\_\_\_\_  AM /  PM