



Hawaii Cancer Care

NEW PATIENT REFERRAL FORM

The following information must be obtained to help expedite the new patient process:

- Patient's Demographics
- Copy of Picture ID
- Copy of Insurance Card (s) and Prescription Drug Card (s)
- Referral is needed before patient can be seen in the clinic if the insurance is HUMANA MC ADVTG HMO, HMA HMO, TRICARE WEST, VA

Referring MD _____ Phone _____ Fax _____

Contact Person _____ PCP _____ Date _____

Reason for referral _____ NPI _____

Urgent

Within 2-3 weeks

Next available appointment

Is referral for a specific Oncologist/Hematologist? Preferred Oncologist/Hematologist _____

Patient's Name _____ Diagnosis _____ DOB _____

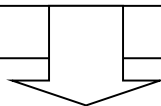
Home Phone _____ Cell Phone _____ Alternate _____

Address _____ Zip code _____

Insurance (Primary) _____ ID _____ Secondary _____ ID _____

*****Please provide/coordinate Interpreter if patient does not speak English*****

All necessary information such as radiology reports, pathology reports, labs, last 3 progress notes, and any other related materials must be provided with this referral form. Fax all information to the appropriate New Patient Coordinators listed below.



New Patient Coordinators

Junik

Dr. Jonathan Cho
Dr. Jon Fukumoto
Dr. Arnold Yee

Chloe

Dr. William Loui
Dr. Melvin Palalay
Dr. David Tamura

Phone: 524-6115, press 4 Fax: 1-844-849-2528

Monday - Friday 8:30am - 4:30pm

NEW PATIENT REFERRAL FORM

<p>Check list for Breast Cancer: MD referral note <input type="checkbox"/> History and Physical <input type="checkbox"/> Last 3 progress notes <input type="checkbox"/> CT, Scans, breast MRI, breast US <input type="checkbox"/> Mammograms <input type="checkbox"/> Labs <input type="checkbox"/> Pathology report <input type="checkbox"/> Operative note <input type="checkbox"/> ER, PR, H2 results <input type="checkbox"/> Immunization Record <input type="checkbox"/> Medication list <input type="checkbox"/></p>	<p>Check list for Prostate Cancer: MD referral note <input type="checkbox"/> History and Physical <input type="checkbox"/> Labs including PSA <input type="checkbox"/> Pathology report <input type="checkbox"/> CT, MRI, U/S of ABD/Pelvis <input type="checkbox"/> Operative note <input type="checkbox"/> Immunization Record <input type="checkbox"/> Medication list <input type="checkbox"/></p>
<p>All other Cancers: Brain, Stomach, Liver, Kidney, Pancreatic, Lung, Rectal/Colon: History and Physical <input type="checkbox"/> Last 3 progress notes <input type="checkbox"/> CT chest/abdomen/pelvis <input type="checkbox"/> MRI, U/S and Pet Scan <input type="checkbox"/> Pathology reports <input type="checkbox"/> Biopsy report <input type="checkbox"/> Operative notes <input type="checkbox"/> Colonoscopy or EGD reports <input type="checkbox"/> Immunization Record <input type="checkbox"/> Medication list <input type="checkbox"/></p>	<p>Hospital Follow Up: History and Physical <input type="checkbox"/> Scans done in hospital <input type="checkbox"/> Labs done in hospital <input type="checkbox"/> Pathology report <input type="checkbox"/> Hospital Admin note <input type="checkbox"/> Discharge report <input type="checkbox"/> Notes during hospital stay <input type="checkbox"/> Immunization Record <input type="checkbox"/> Medication list <input type="checkbox"/></p>

<p>If referral for Dr. Jon Fukumoto: Bone marrow (if done) <input type="checkbox"/> Last 3 progress reports <input type="checkbox"/> History and Physical <input type="checkbox"/> Pathology report <input type="checkbox"/> Last labs <input type="checkbox"/> Immunization Record <input type="checkbox"/> Medication list <input type="checkbox"/></p>
