



Hawaii Cancer Care

### NEW PATIENT REFERRAL FORM

Please provide the following information to help expedite the new patient process:

- Patient Demographics
- Insurance Cards
- Insurance Referral if the insurance is HMO

Referring Provider \_\_\_\_\_ Phone \_\_\_\_\_ Fax \_\_\_\_\_

Contact Person \_\_\_\_\_ PCP \_\_\_\_\_ Date \_\_\_\_\_

Urgent

Within 2-3 weeks

Next available appointment

Is referral for a specific Oncologist/Hematologist? Preferred Oncologist/Hematologist \_\_\_\_\_

Patient's Name \_\_\_\_\_ DOB \_\_\_\_\_ Diagnosis \_\_\_\_\_

Cell Phone \_\_\_\_\_ Home Phone \_\_\_\_\_ Email \_\_\_\_\_

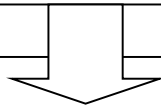
Address \_\_\_\_\_

Insurance (Primary) \_\_\_\_\_ ID \_\_\_\_\_

Insurance (Secondary) \_\_\_\_\_ ID \_\_\_\_\_

**\*\*\*Please provide/coordinate interpreter if patient does not speak English\*\*\***

Necessary information including radiology reports, pathology reports, labs, progress notes, and any other related materials should be provided with this referral form. Fax all information to the appropriate contact listed below.



#### New Patient Coordinators

Dr. Jon Fukumoto  
Dr. Arnold Yee

**Contact: Junik**

Phone: (808)524-6115 x308

Fax: (844)849-2528

Dr. Melvin Palalay  
Dr. David Tamura

**Contact: Nanette**

Phone: (808)524-6115 x115

Fax: (844)849-2528

**NEW PATIENT REFERRAL FORM**

<b>Check list for Breast Cancer:</b> 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"/>	<b>Check list for Prostate Cancer:</b> 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"/>
<b>All other Cancers: Brain, Stomach, Liver, Kidney, Pancreatic, Lung, Rectal/Colon:</b> 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"/>	<b>Hospital Follow Up:</b> 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"/>

<b>If referral for Dr. Jon Fukumoto:</b> 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"/>
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