

**Hematology Oncology Associates
New Consult Referral Form
Phone (315)472-7504 option 2
Fax (315)634-5170**

Please check appropriate appointment request:

Medical Oncology Radiation Oncology Both Med Onc/Rad Onc

Date of referral: _____ Referring MD: _____ Phone: _____

Patient Name: _____ DOB: _____

Patient Address: _____ City: _____ Zip: _____

Patient Phone: Preferred _____ home/cell Alternate _____ home/cell

SSN: _____ *****Please include a copy of insurance card*****

Insurance: _____ ID _____

Insurance: _____ ID _____

Reason for referral/Diagnosis: _____ Is patient aware of this referral? Yes/No

Opinion Assume/Manage care for diagnosis Co-Manage Care

Urgency: Routine cancer 7-10 business days

Urgent less than 48 hours MD must call MD

****Specific MD Requested? _____ **Specific Location requested? _____**

For the purpose of continuity of care, please fax pertinent information related to the reason for this referral:

BREAST CANCER:

Upcoming surgery date	Date _____	
Operative note from biopsy	Enclosed ___	Not performed ___
Pathology from biopsy	Enclosed ___	Not performed ___
Pathology from lumpectomy	Enclosed ___	Not performed ___
Pathology from mastectomy	Enclosed ___	Not performed ___
Pathology from lymph node excision	Enclosed ___	Not performed ___
Operative notes from surgery	Enclosed ___	Not performed ___
ER/PR report	Enclosed ___	Not performed ___
Her 2 Neu report	Enclosed ___	Not performed ___
Mammogram	Enclosed ___	Not performed ___
Breast sono	Enclosed ___	Not performed ___
MRI breast	Enclosed ___	Not performed ___
Physician referral/Progress notes	Enclosed ___	Post op appt date ___
Bone scan	Enclosed ___	Not performed ___
CXR	Enclosed ___	Not performed ___
EKG	Enclosed ___	Not performed ___
Pet/CT (if obvious advanced disease)	Enclosed ___	Not performed ___
Genetic testing result	Enclosed ___	Not performed ___ Result pending ___
Prior treatment (chemo, RT, hormonal)	Enclosed ___	N/A ___

In addition, we request the following information for all new referrals:

- Allergy List
- Medication List
- Language, cultural, ethnic and communication needs