



CANCER & HEMATOLOGY CENTERS OF WESTERN MICHIGAN

Phone: (800) 411-7999
www.chcwm.com

NEW PATIENT REFERRAL FORM

To serve our mutual patients best and to schedule their first appointments quickly, please complete this form prior to scheduling an initial visit.

Patient: _____ Date of Birth: _____
Last First Middle MM/DD/YYYY

Phone Number: _____ Date of Referral: _____

Diagnosis: _____

Address: _____
Street City State/Zip

Insurance Provider: _____ Contract #: _____ Group #: _____

Ethnicity: _____ Language: _____ Email Address: _____

Our physicians are sub-specialized to provide expert care to our mutual patients. However, please select a preferred provider from the following list if the referring provider has one:

EAST (Benign Hematology)	HOLLAND	LACKS CANCER CENTER	LEMMEN-HOLTON CANCER PAVILION	MUSKEGON CANCER CENTER
<input type="checkbox"/> Hardin <input type="checkbox"/> Polavaram <input type="checkbox"/> Souther <input type="checkbox"/> Wong <input type="checkbox"/> Zakem <input type="checkbox"/> First available	<input type="checkbox"/> Batts <input type="checkbox"/> Lynch <input type="checkbox"/> Souther	<input type="checkbox"/> Gribbin <input type="checkbox"/> Knol <input type="checkbox"/> Pettijohn <input type="checkbox"/> Santos <input type="checkbox"/> Souther	<input type="checkbox"/> Brinker <input type="checkbox"/> Campbell <input type="checkbox"/> Chandana <input type="checkbox"/> Chen <input type="checkbox"/> Gribbin <input type="checkbox"/> Polavaram <input type="checkbox"/> Reddy <input type="checkbox"/> Santos <input type="checkbox"/> Sharma <input type="checkbox"/> Sochacki <input type="checkbox"/> VanderWoude	<input type="checkbox"/> Alguire <input type="checkbox"/> Chen <input type="checkbox"/> Hardin <input type="checkbox"/> Knol <input type="checkbox"/> Pettijohn

Required Medical Records to Send with Referral:

- Last office note from referring provider
- All imaging and labs in past year
- Operative notes
- All pathology reports

Primary Care Provider: _____

Name of Referring Provider: _____

Office Contact Person: _____ Phone: _____ Fax: _____