



THE CANCER & HEMATOLOGY CENTERS

NEW PATIENT REFERRAL FORM

To best serve our mutual patients and facilitate quick scheduling of their first appointment, please complete this form prior to requesting an initial visit.

Referral Information	Patient: _____ Date of Birth: ____/____/____ Date of Referral: _____ Is the patient aware of referral to The Cancer and Hematology Centers? <input type="checkbox"/> Yes <input type="checkbox"/> No Demographic Sheet Attached? <input type="checkbox"/> Yes (If yes, skip to requested clinic section) <input type="checkbox"/> No (If no, complete all)					
Patient Information	Phone Number: _____ Diagnosis: _____ Address: _____ City: _____ State: _____ Zip: _____ Insurance Provider: _____ Contract #: _____ Group #: _____ Preferred Language: _____ Email Address: _____					
Requested Clinic or Provider (If none selected, we will ask patient preference)	<div><input type="checkbox"/> Lemmen-Holton Cancer Center <input type="checkbox"/> Muskegon <input type="checkbox"/> East – Foremost Dr. <input type="checkbox"/> Diagnostic Clinic (For patients without confirmed diagnosis)</div> <div><input type="checkbox"/> Lacks Cancer Center <input type="checkbox"/> Holland <input type="checkbox"/> Big Rapids</div> Requested Provider: _____ <input type="checkbox"/> First Available					
Supporting Documentation (If available)	<table border="1"><tr><td><input type="checkbox"/> Last office note from referring provider</td><td><input type="checkbox"/> Operative notes</td></tr><tr><td><input type="checkbox"/> All imaging and labs in past year</td><td><input type="checkbox"/> All pathology reports</td></tr></table>		<input type="checkbox"/> Last office note from referring provider	<input type="checkbox"/> Operative notes	<input type="checkbox"/> All imaging and labs in past year	<input type="checkbox"/> All pathology reports
<input type="checkbox"/> Last office note from referring provider	<input type="checkbox"/> Operative notes					
<input type="checkbox"/> All imaging and labs in past year	<input type="checkbox"/> All pathology reports					
Primary Care Provider	Physician Name: _____					
Referring Provider	Physician Name: _____ Referring Office Contact: _____ Fax: _____					

Thank you for the referral!

Phone: 800-411-7999

Website: Thechc.com

<p>Kathryn Alguire, MD</p> <p>Eric Batts, MD</p> <p>Brett Brinker, MD</p> <p>Mark Campbell, MD, MHA</p> <p>Sreenivasa Chandana, MD, PHD</p> <p>Yuanbin Chen, MD, PHD</p> <p>Kathrine Cooper, MD</p> <p>Rizwan Danish, MD</p> <p>William Fabricius, MD</p> <p>Thomas Gribbin, MD</p> <p>Colin Hardin, MD</p> <p>Jared Knol, MD</p> <p>Nehal Lakhani, MD, PhD</p> <p>Kelly Parling-Lynch, DO</p> <p>Erin Pettijohn, MD</p> <p>Latha Sree Polavaram, MD</p> <p>Haritha Reddy, MD</p> <p>Zabila Saeed, MD</p> <p>Eric Santos, MD</p> <p>Manish Sharma, MD</p> <p>Andrew Sochacki, MD</p> <p>Britni Souther, DO</p> <p>Amy Vander Woude, MD, MBA</p> <p>Frances Wong, MD</p> <p>Michael Zakem, DO</p>	<p>CHC - Lemmen Holton Cancer Pavilion 145 Michigan St NE Suite 3100 Grand Rapids, MI 49503 FAX: (616) 389-1708</p> <p>CHC - Lacks Cancer Center 250 Cherry St SE Grand Rapids, MI 49503 FAX: (616) 977-4846</p> <p>CHC - Muskegon 6425 South Harvey Street Norton Shores, MI 49444 FAX: (616) 977-4847</p> <p>CHC - Holland 12460 Riley St Holland, MI 49424 FAX (616) 389-1714</p> <p>CHC - East and START Midwest 5800 Foremost Dr. SE Grand Rapids, MI 49546 FAX: (616) 389-1695</p> <p>CHC - Big Rapids 15100 220th Ave, Big Rapids, MI 49307 FAX: (231)-515-9407</p>
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