# COWELL FAMILY CANCER CENTER

MUNSON MEDICAL CENTER

## ONCOLOGY REFERRAL FORM

☐ **MEDICAL ONCOLOGY:**
Hughes, Kier, Kohler, Riddle,
Koller, Gordon, Hector-Word, Ruch

☐ **GYNECOLOGIC ONCOLOGY:**
David P. Michelin

☐ **RADIATION ONCOLOGY:**
Brown, Forster, Heimburger, Prust

**PROVIDER CHOICE:**
☐ First Available
☐ Preferred provider(s):

☐ **MULTI-DISCIPLINARY THORACIC ONCOLOGY CLINIC**
(Lung/Esophageal/Thymus Cancer Clinic)

☐ **CANCER GENETICS CLINIC**

**IS TREATMENT DEPENDENT UPON GENETIC TESTING RESULTS?**
☐ YES ☐ NO

**PLEASE ATTACH MOST RECENT OFFICE NOTES, MEDICATION LISTS, OUTSIDE RECORDS RELEVANT TO REFERRAL (NOT IN POWER CHART), DEMOGRAPHICS AND COPIES OF CURRENT INSURANCE CARDS AND FAX COMPLETED FORM TO 231-392-8405.**

| PATIENT'S LEGAL LAST NAME: | PATIENT'S LEGAL FIRST NAME: | DOB: |
|---|---|---|
| MRN: | PREFERRED PATIENT PHONE NUMBER(S): | |

DIAGNOSIS:

ICD10 CODE(S):

IS PATIENT PRESENTLY SYMPTOMATIC?
☐ YES ☐ NO IF YES, DATE: LIST SYMPTOM(S):

HAS THIS INDIVIDUAL EVER BEEN EVALUATED BY ANY ONCOLOGIST/HEMATOLOGIST/GYNECOLOGIC ONCOLOGIST?
☐ YES ☐ NO IF YES, NAME:
LOCATION: TIME FRAME:

PRIOR RADIATION THERAPY:
☐ YES ☐ NO IF YES, NAME OF FACILITY: BODY SITE TREATED:

**REFERRING PROVIDER**

| NAME: | PHONE# | DIRECT MESSAGING EMAIL: |
|---|---|---|
| OFFICE CONTACT NAME: | | OFFICE CONTACT PHONE# |

**PRIMARY CARE PROVIDER**

| NAME: | PHONE# | DIRECT MESSAGE EMAIL: |
|---|---|---|
| OFFICE CONTACT NAME: | | OFFICE CONTACT PHONE# |

****FOR OFFICE USE ONLY**** *IN ARIA?* ☐ YES ☐ NO IS IT OKAY TO CONTACT PATIENT FOR APPOINTMENT? ☐ YES ☐ NO

| | POWERCHART | REQ. DATE: | ATTACHED |
|---|---|---|---|
| *H&P/OFFICE NOTES:* | ☐ | | ☐ |
| *PATHOLOGY:* | ☐ | | ☐ |
| *SLIDES:* | ☐ | | ☐ |
| *LABS:* | ☐ | | ☐ |
| *RADIOLOGY:* | ☐ | | ☐ |
| *OPERATIVE NOTE:* | ☐ | | ☐ |

| | | OKAY TO CALL? | LEAVE DETAILED MESSAGE? |
|---|---|---|---|
| *PT HOME PHONE:* | | ☐ YES ☐ NO | ☐ YES ☐ NO |
| *PT CELL PHONE:* | | ☐ YES ☐ NO | ☐ YES ☐ NO |
| *PT WORK PHONE:* | | ☐ YES ☐ NO | ☐ YES ☐ NO |
| *PT EMAIL:* | | | ☐ YES ☐ NO |



Physical Address:
217 Madison St.
Traverse City, MI 49684

Mailing Address:
1105 Sixth St.
Traverse City, MI 49684
231-392-8400 voice

231-392-8405 fax
Patient referrals only

munsonhealthcare.org/cancer
cancerservices@mhc.net