



American Cancer Society Patient Referral Form

Fax to: 1-800-750-5751

Your Healthcare Provider believes that the services and information provided by the American Cancer Society could be valuable to you and your family in dealing with your cancer experience. Please complete this form, sign, and return it to your Healthcare Provider, who will forward the information to the American Cancer Society.

You will receive patient information including free programs and services available through, and activities carried on by, your American Cancer Society. In the meantime, if you need any information about your cancer or the American Cancer Society's services, we are available 24 hours a day/7 days a week. Please call 1/800-ACS-2345 or visit our website at www.cancer.org.

All Information Will Remain Confidential. This Is Not a Solicitation.
All American Cancer Society Programs and Services are **FREE** of Charge.

I am interested in:

- Cancer Information – information about your diagnosis and treatment options.
- Patient Support Services and Programs
- Transportation Assistance
- Other (please specify) _____

*** Required fields**

*** Patient Name:** _____

*** Daytime Phone:** () *** OK To Leave Telephone Message?** Yes No

*** Address:** _____

*** City:** _____ *** State:** _____ *** Zip:** _____

Primary Language: _____ Sex: M F

Type of Cancer: _____ Diagnosis Date: _____

Type of Insurance: Private Medi-Cal Medicare
 Military/VA Uninsured Decline to Answer

Contact Name: _____
(if other than patient) Phone: ()

Patient/Guardian Signature: _____ Date: _____

Referred by: _____ Phone: ()

Comments: _____

Please fax this form or call:
American Cancer Society
Stephanie H. Lane Cancer Resource Network
Telephone: 1-800-227-2345 Fax: 1-800-750-5751

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