

PATIENT PROFILE **Please attach demographics*

Today's Date _____

Patient Name _____

Patient DOB: _____ / _____ / _____

Patient Phone Number _____

Patient is aware of referral Yes No

Interpreter needed Yes No If yes, which language _____

REFERRING PROVIDER INFORMATION

Referring Provider _____ Phone _____ Fax _____

Primary Care Provider _____ Phone _____ Fax _____

Reason for Consult: _____

Hematology Medical Oncology Radiation Oncology

Outstanding Testing Upcoming Appointments _____

Nebraska Cancer Physician Name _____ **OR** First Available Physician

PATIENT RECORDS

Records available in: Epic Cerner Other Health System: _____

If other, please attach.

Progress notes from the last year

Diagnostic Reports (CT, US, MRI, X-Ray) from the last year

Labs from the last two years

Pathology Reports from the last year