



*Center for Integrative Oncology & Survivorship Referral*

Thank you for your referral. Please fill in all requested information on this referral form.  
In order to expedite scheduling the patient, we will also need the initial H&P and most recent progress note.  
Please fax the above information to our Referral Fax Line.

Scheduler direct line: 864-455-1346 Referral Fax Line: 864-455-5897

\*Rev. 2/2015

Patient Name: \_\_\_\_\_

SS#: \_\_\_\_\_ DOB: \_\_\_\_\_ Gender: \_\_\_\_\_

Work#: \_\_\_\_\_ Home#: \_\_\_\_\_ Cell#: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_

State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Insurance (Primary): \_\_\_\_\_ ID#: \_\_\_\_\_

Insurance (Secondary): \_\_\_\_\_ ID#: \_\_\_\_\_

Diagnosis (including stage): \_\_\_\_\_ Referring MD: \_\_\_\_\_

Pathology report location: \_\_\_\_\_ Surgery date: \_\_\_\_\_

Chemotherapy start date: \_\_\_\_\_ Chemotherapy end date \_\_\_\_\_

Radiation start date: \_\_\_\_\_ Radiation end date \_\_\_\_\_

**PHYSICIAN'S ORDER**

Integrative Oncology Survivorship Visit  GYN Lifetime Clinic (gyn cancer surveillance)

Lifetime Clinic (cancer surveillance)  Lung Cancer Screening  Individual Psych Tx

Moving ON  PT (Lymphedema)  Smoking Cessation

Genetic counseling  Nutrition counseling  Other \_\_\_\_\_

*For CIOS Office Use Only*

Survivorship Care Plan Appointment Date & Time: \_\_\_\_\_

Referring Physician: \_\_\_\_\_ RN: \_\_\_\_\_