

North Country

# Cancer Services Program

Your partner for cancer screening, support and information



Jefferson, Lewis, Oswego, & St Lawrence Counties

Breast, Cervical, and Colorectal Screenings

239 Oneida Street

Fulton, NY 13069

Phone: (315) 592-0830

Fax: (315) 592-0836

## REFERRAL FORM FOR CANCER SCREENING INTAKE

Please fill out & fax to (315) 592-0836. If you have any questions, please call (315) 592-0830.

### Referral Source:

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

Office Phone: \_\_\_\_\_

Office Fax: \_\_\_\_\_

### Patient Information:

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

Gender: \_\_\_\_\_

DOB: \_\_\_\_\_

Phone: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

\_\_\_\_\_

### Reason for Referral:

\_\_\_\_\_

### Does the patient have symptoms?

\_\_\_\_\_

### Does the patient have a family history of cancer?

\_\_\_\_\_

**NOTE: For patients that are symptomatic or at increased for high-risk for breast, cervical, or colorectal cancer, please include related medical & family history to determine eligibility. Thank you.**

Thank you for your referral. Cancer Services Program staff will contact the patient upon receipt of the referral to determine eligibility for cancer screening services.