



American Cancer Society Patient Navigator Referral Form

An American Cancer Society Patient Navigator can give you and those who care about you free and confidential help. Patient Navigators know how to find the information, support, programs and community resources that are right for you.

Your Patient Navigator is here to help you every step of the way...

- To find the information you want, when you want it, about cancer and cancer treatment
- To connect you to support programs like *Reach to Recovery and Look Good...Feel Better*
- To provide you with wigs, hats, and other helpful items
- To arrange for delivery of medical equipment like walkers, wheelchairs and hospital beds that your doctor has ordered

In addition to general info, I am interested in: _____

Name: _____

Daytime Phone: _____ Home Phone _____

Address: _____

City _____ State _____ Zip _____ County _____

Thank you for giving us this information. It will help us find the best resources for you!

Gender: Male Female Date of Birth: _____

Language: English Spanish Other _____

Insurance: (check all that apply) Medical Assistance (Medicaid) Medicare
 No insurance Private Insurance

Type of Cancer: _____ Date of Diagnosis: _____

Race: African American / Black Latino / Hispanic
 American Indian / Alaskan Native Caucasian / White
 Asian Pacific Islander
 Other

I am giving the above information to the American Cancer Society so that a Patient Navigator can contact me.

Signature _____ Date _____

Hospital/Clinic 1-PUS2OU Cedar Valley Medical Specialists Contact Person _____

Please fax completed form:

**Attention: Patient Navigator, American Cancer Society
866-608-9787: (toll -free)**

For assistance 24 hours a day, 7 days a week, call 1.800.ACS.2345 or visit www.cancer.org