FLORIDA HOSPITAL
MEMORIAL MEDICAL CENTER
Comprehensive Cancer Center

New Patient Intake Form V1.1

Every attempt is made to see the patient within 3-5 days from receipt of the referral request.

Date/Time:

Schedule Appointment with:

☐ Dr. Seema Harichand-Herdt-Hematology Oncology ☐ Dr. Michael Kelley-Medical Oncology

☐ Dr. Ronald Krochak-Radiation Oncology ☐ Dr. Christopher Windham-Surgical Oncology

Patient Information

First Name: Last Name:

Address:

City: State: Zip: Date of Birth:

Primary Phone: ☐ Home ☐ Cell ☐ Work

Secondary Phone: ☐ Home ☐ Cell ☐ Work

Social Security #:

☐ Female ☐ Male Race:

Primary Insurance

Insurance Company Name & Phone Number: Subscriber's Name:

Policy #: Group #: Subscriber's DOB: Subscriber's SSN: ☐ Female ☐ Male

Secondary Insurance

Insurance Company Name & Phone Number: Subscriber's Name:

Policy #: Group #: Subscriber's DOB: Subscriber's SSN: ☐ Female ☐ Male

Reason for Appointment:	Urgent Appointment? **Needs to be seen within 24-48 from receipt of referral	Diagnosis
☐ New Diagnosis ☐ Disease Progression ☐ 2nd Opinion	☐ No ☐ Yes	

Referring Physician	Primary Care Physician
Name & Phone Number:	Name & Phone Number:

Comments

Please email the completed form to oncologyscheduling@fhmmc.org Questions: (386) 231-4050. In order to expedite the referral and allow us to see your patient in our 3-5 day timeframe, please send the below records to the above email or via fax (386) 231-4001. A blank version of this form can be downloaded at www.floridahospitalmemorial.org/cancer.

Required Documents from Referring Physician Office						
Demographics Insurance Info	History & Physical Path Report(s)	Operative Report(s) PET Scan(s)	CT Scan(s) MRI(s)	Ultrasound(s) Bone Scan	Mammogram(s) Plain Films(s)	Recent Labs Office Notes

Patient Label

STOP

THIS SECTION TO BE COMPLETED BY THE CANCER CENTER SCHEDULER

PATIENT INFORMATION

First Name: _____ Last Name: _____

APPOINTMENT DATE/TIME

Appt Date: _____ Appt Time: _____

CARE NAVIGATORS NOTIFIED

- ☐ Breast Care Navigator
- ☐ Lung Care Navigator

PATIENT AND APPOINTMENT ENTERED INTO SYSTEM

Radiation Oncology (Dr. Krochak)

MR # _____ FIN# _____

- ☐ Cerner Scheduling
- ☐ IMPAC
- ☐ ARIA

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- ☐ NextGen-Health Care Partners Oncology
- ☐ NextGen-Health Care Partners

PATIENT NOTIFIED

Date/Time Patient Notified: _____

- ☐ Spoke directly to patient
- ☐ Spoke with patients family

NEW PATIENT PACKET GIVEN TO PT

- ☐ CCC General Pt Packet ☐ CW-General ☐ CW-Breast ☐ CW-GI
- ☐ CW-Skin ☐ CW-Soft Tissue ☐ CW-Port Placement
- ☐ Mailed Date/Time: _____
- ☐ Emailed Email Address: _____

RECORDS RECEIVED FROM REFERRING PHYSICIAN

Date: _____

Time: _____ Initials: _____

- ☐ Pathology Report ☐ Operative Report
- ☐ Applicable Consultation Reports ☐ Bone Scan
- ☐ History & Physical ☐ Most Recent Blood Work (Labs) ☐ CT Scan
- ☐ PET Scan ☐ MRI ☐ Mammogram ☐ Ultrasound

CHART CREATED

Radiation Oncology (Dr. Krochak)

- ☐ Chart Label printed (Name & MRN)
- ☐ Facesheet & Labels printed from Cerner
- ☐ Records in chart

Dr. Harichand, Dr. Kelley, Dr. Windham

- ☐ Chart Label printed (Name & DOB)
- ☐ Records in chart

CHART FORWARDED TO NURSING

Date/Time: _____ Initials: _____

NURSING RECEIVED

Date/Time: _____ Initials: _____

Notes