CHARLOTTE MAXWELL CLINIC
INTEGRATIVE CANCER CARE

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FAX (510) 645-1886

INTAKE & REFERRAL FORM

Referring Agency: ____________________ Date: ____________

Agency Contact/ Case Mgr/ Navigator:____________________ Phone: ____________

Email address:____________________ Fax: ____________

Client name: ____________________ Phone: ____________

Address: ____________________ Apt #: ________ Cell____________

City: ____________Zip: ________DOB: ________ E-mail:____________

Client Primary Language: English Spanish Chinese: Mandarin / Cantonese Other: ____________

MEDICAL DIAGNOSIS

Type of cancer: ____________________ Date of Diagnosis: ____________

Staging/significant information (grade/hormone receptors, etc): ____________________

Does your client have lymphedema (please circle one)? Yes No

Recommended protocol (in suggested order of treatment):	Date Started:	Date Finished:

Other medical conditions: ____________________

Social Service/Other concerns: ____________________

Primary Care Facility: ____________ Primary Care Physician: ____________

Medical Record #:____________

Oncology Care Facility: ____________ Oncologist: ____________

REFERRAL INFORMATION - PLEASE CIRCLE RESPONSES - IF NOT DISCUSSED CHOOSE "N/A"

Has your client expressed interest in CAM (complementary/alternative medicine): Yes No N/A

Massage/Body Work: Yes No N/A **Acupuncture:** Yes No N/A

Therapeutic Imagery: Yes No N/A **Homeopathy:** Yes No N/A

DOES THE CLIENT CURRENTLY HAVE: Medi-Cal: Yes No **Medicare:** Yes No **Private Insurance:** Yes No

Employment: Yes No **Other sources of income:** Yes No **Total monthly Household Income:** $____________

PREVIOUS REFERRALS (CIRCLE ALL THAT APPLY): ACS BCEF CancerCare Circulo de Vida Peer Volunteer Project

Open Hand Shanti WCRC BCEF Second Opinion Local Support Groups: ____________

Other (ie housing, emergency funds):____________________

Thank you, for your referral to Charlotte Maxwell Clinic. We will contact your client as soon as possible. Please remember that due to the high volume of requests for our services, we cannot guarantee when your client will be scheduled. If you have any concerns or questions, please call our Client Services Dept. at (510) 601-7660 ext. 6