LEUKEMIA & LYMPHOMA SOCIETY®
fighting blood cancers

Fax Referral Form

FOR PATIENTS WITH LEUKEMIA, LYMPHOMA, MYELOMA OR OTHER BLOOD CANCERS

Mississippi Residents: fax 601.956.6957 l Louisiana Residents: fax 504.837.9193

Please complete or ask the patient to complete this form and fax it to the Leukemia & Lymphoma Society MS/LA Chapter office fax number listed above. Once received, we will call the patient within 7 days and send a packet of information as needed. Information provided will remain confidential; however, names will be added to our patient services mailing list. For any questions, please contact the Mississippi/Louisiana Chapter.

Patient Information: ***(Please print)*** Date: _____

Last Name: _____ First Name: _____

Address: _____ City/State/Zip: _____

Phone: _____ Email: _____

Patient's Date of Birth: _____ Gender (circle): M F

Ethnicity: ☐ African American ☐ Asian ☐ Caucasian ☐ Hispanic ☐ Native American ☐ Other

Patient's date of diagnosis: _____ If child, list parent/guardian name: _____

Diagnosis: ***(Check one of the following)***

☐ Acute Lymphocytic Leukemia
☐ Acute Myelogenous Leukemia
☐ Chronic Lymphocytic Leukemia
☐ Chronic Myelogenous Leukemia
☐ Hairy Cell Leukemia
☐ Non-Hodgkin Lymphoma
☐ Hodgkin Lymphoma
☐ Waldenstrom's
☐ Myeloma
☐ Myelodysplastic Syndrome
☐ Acute Promyelocytic Leukemia
☐ Other _____

Disease status: ☐ Newly Diagnosed ☐ In Treatment ☐ Remission ☐ Relapse ☐ Watch and Wait

I am interested in (check all that apply):

☐ Patient Financial Aid ☐ First Connection ☐ Co-pay Assistance ☐ Disease information ☐ Volunteering

Healthcare professional making the referral:

Name: _____ Phone: _____

Social Worker/Nurse (circle one) or Other: _____

Institution: _____ Patient's Physician: _____

Additional comments: _____

Patient confidentiality agreement:

To insure patient privacy protection as part of the Health Insurance Portability and Accountability Act (HIPAA), & to provide patients with control over what personal information is used & disclosed, I, _____, agree to have the above information released to The Leukemia & Lymphoma Society.

*****Patient's or Guardian's Signature:*** _____