

**connect with a blood cancer information specialist**

Please complete, or ask the patient to complete, the following information and send to the fax or email address below. Once received, the patient will hear from an LLS Information Specialist who will send resource information. Patient information provided will remain confidential; however, names will be added to our patient access mailing list. For any questions, contact the Information Resource Center at 1-800-955-4572.

Patient's Full Name: \_\_\_\_\_

Patient's Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP\* \_\_\_\_\_ \*ZIP Code must be provided

Phone Number: \_\_\_\_\_ Email \_\_\_\_\_

If *minor*, parent/guardian First and Last Name: \_\_\_\_\_

Date of Diagnosis: \_\_\_\_\_ Primary Language Spoken: \_\_\_\_\_

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

- |   |   |
|---|---|
| <input type="checkbox"/> Acute Lymphocytic Leukemia   | <input type="checkbox"/> Non-Hodgkin's Lymphoma |
| <input type="checkbox"/> Acute Myelogenous Leukemia   | <input type="checkbox"/> Hodgkin's Disease      |
| <input type="checkbox"/> Chronic Lymphocytic Leukemia | <input type="checkbox"/> Myeloma                |
| <input type="checkbox"/> Chronic Myelogenous Leukemia | <input type="checkbox"/> Waldenstrom's          |
| <input type="checkbox"/> Myelodysplastic Syndrome     | <input type="checkbox"/> Other _____            |

**Healthcare professional making the referral:**

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

Institution: \_\_\_\_\_ Email: \_\_\_\_\_

Additional Comments: \_\_\_\_\_

**Patient Confidentiality Agreement:**

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

Signature of Patient/Guardian

Date

**PLEASE FAX THIS FORM TO 914.821.3657**

**OR SCAN AND EMAIL TO [INFOCENTER@LLS.ORG](mailto:INFOCENTER@LLS.ORG)**