



**Women's Medicine Collaborative**  
A program of The Miriam Hospital  
*Lifespan. Delivering health with care.™*

**REFERRAL FORM**

We care for female survivors of **any type of cancer**  
to assist in their recovery and optimize their well-being.

PATIENT \_\_\_\_\_ DOB \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

ADDRESS \_\_\_\_\_

PHONE Home \_\_\_\_\_ Cell \_\_\_\_\_ Work \_\_\_\_\_

May we leave a message stating the call is from "Women's Medicine Collaborative" or "Dr. \_\_\_\_'s office"?  Yes  No

PRIMARY INSURANCE \_\_\_\_\_ ID# \_\_\_\_\_

SECONDARY INSURANCE \_\_\_\_\_ ID# \_\_\_\_\_

REFERRING PROVIDER \_\_\_\_\_ PHONE \_\_\_\_\_ FAX \_\_\_\_\_

Translator needed?  No  Yes - Preferred Language: Spoken \_\_\_\_\_ Written \_\_\_\_\_

**Fax with any pertinent records and lab/test results to: 401-793-7988.**

Urgency of Consult:  48-72 hours  2-4 weeks  Routine Appointment

High-Risk Cancer Surveillance

Cancer Survivorship Program

Shared Medical Appointment for Cancer Survivors

Type of Cancer: \_\_\_\_\_

Currently receiving treatment?  No  Yes - \_\_\_\_\_

**REASON FOR REFERRAL**

\_\_\_\_\_  
\_\_\_\_\_

Thank you.