



# Ferrell Hospital

## ONCOLOGY/HEMATOLOGY

Dr. Maqbool Ahmed  
1201 Pine Street, Eldorado, IL 62930  
Phone: 618-297-9678 Fax: 618-297-9679

### New Patient Referral Form

Date: \_\_\_\_\_

Patient Name: \_\_\_\_\_

D.O.B.: \_\_\_\_\_

Referring Physician: \_\_\_\_\_

Nurse: \_\_\_\_\_

Office Phone: \_\_\_\_\_

Fax: \_\_\_\_\_

Reason to be seen: \_\_\_\_\_

Has patient ever been seen by an oncologist/hematologist? Yes / No

If yes, by whom and when? \_\_\_\_\_

Ever been treated for problem? Yes / No

If yes, where and when? \_\_\_\_\_

Does the patient have a port? Yes / No

Height: \_\_\_\_\_ Weight: \_\_\_\_\_ BSA: \_\_\_\_\_

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**PLEASE FAX THIS FORM TO 618-297-9679.**

SCHEDULING WILL CALL THE PATIENT TO SCHEDULE APPOINTMENT UNLESS NOTED TO CALL YOUR OFFICE.

**\*\*\*PLEASE FAX OVER ALL RECORDS REGARDING PROBLEM\*\*\***

**DEMOGRAPHIC SHEET, INSURANCE CARDS, DRIVERS LICENSE, LAB WORK, HISTORY & PHYSICAL, OFFICE NOTE, IMAGING , AND PATHOLOGY REPORTS. .**

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FORM COMPLETED BY: \_\_\_\_\_

CALL BACK NUMBER: \_\_\_\_\_