



BAMF Health I, PC - Molecular Therapy Clinic - 109 Michigan Street NW, Suite #200 - Grand Rapids, MI 49503-2302
Phone: (888) 870-8998 - Fax: (616) 253-8365 - www.bamfhealth.com

NEW PATIENT REFERRAL FORM

FAX COMPLETED FORM TO (616) 253-8365
Incomplete forms may result in delayed scheduling

REFERRING PHYSICIAN INFORMATION

Physician's Name: _____ NPI: _____
Clinic Name: _____
Telephone Number: _____ Fax Number: _____
Facility Contact: _____ Contact Telephone Number: _____
Reason for Referral: _____ Patient Aware of Diagnosis? YES NO
PCP Name: _____ NPI: _____
Telephone Number: _____ Fax Number: _____

PATIENT INFORMATION

A COPY OF THE FRONT AND BACK OF THE INSURANCE CARD(S) ALONG WITH IDENTIFICATION ARE NEEDED TO SCHEDULE THE PATIENT

Patient Name: _____ DOB: _____
Address: _____
City/State/Zip: _____ Primary Phone Number: _____
Gender: MALE FEMALE Email: _____
Interpreter Services Needed: YES NO
Does the Patient have an Active DPOA or Legal Guardian? YES NO
If patient has an Active DPOA or Legal Guardian, please include a copy.
Biopsy/Surgery Date: _____

ADDITIONAL INFORMATION NEEDED FOR EVALUATION

FAX REPORTS TO (616) 253-8365

- Consult/Office Visit Notes
- Lab Reports - Past 3 Years
- Relevant Radiology/Imaging Reports
- PSMA or NETSPOT Scan Reports and Images

Previous Cancer Treatment Flowsheets

- Chemotherapy
- Radiation Therapy
- Hormone Therapy
- Other

Pathology Reports

- Original Biopsy
- Surgical Specimen
- Additional Biopsies

Other Information

- Germline Testing Information
- Genetic Counseling Consultation/Follow Up Notes
- Genetic/Genomic Testing Reports