Children's Hospital of Wisconsin®

A member of Children's Hospital and Health System.

Oncology
New Patient Referral

For ONCOLOGIST USE ONLY. Referring physicians please call 414-266-2421 (weekdays) or 800-266-0366 (24/7 Transport and Physician Referral Center).

2-Hole 1/4 2 3/4 - 3-Hole 1/4 4 1/4

Patient Information

Patient Name: _____

Parent/Guardian Name: _____

Patient Address: _____

_____

Date of Birth: _____

Home Phone Number: _____

Work Phone Number: _____

Insurance Carrier: _____

Referring Provider Information

Provider Name: _____

Provider Address: _____

_____

Phone Number: _____

Fax Number: _____

Reason for referral/chief complaint:

Pertinent past medical history:

Pertinent diagnostic findings:

- Laboratory
- Radiology
- Pathology

Additional Comments:

Schedule appointment: ☐ ASAP ☐ within 1-2 days ☐ within 7 days

Referral status communicated to: _____

Signature: _____ **Date/time:** _____