# Cancer Referral Work Sheet

**REFERRING PRIMARY DIAGNOSIS AT ADMISSION:**

**REFERRING PRIMARY PURPOSE(S) FOR ADMISSION** (choose all that apply):

- ☐ **Anticoagulation**
- ☐ **Assisting with Follow-up**
- ☐ **Awaiting Medical Procedure**
- ☐ **Chemo/XRT**
- ☐ **Connect w/ MH services**
- ☐ **Decompensated Med Illness**
- ☐ **IV Antibiotics**
- ☐ **Med Management/Teaching**
- ☐ **Post trauma/fracture**
- ☐ **Post-operative recovery**
- ☐ **Pre-operative care**
- ☐ **Reconditioning/Rehab**
- ☐ **Respiratory Support/Rest**
- ☐ **Wound Care**
- ☐ **Dialysis**
- ☐ **Other (specify):** _____

Insurance: _____

Cancer Diagnosis/Stage:

Cancer Treatment Location:

Treatment Care Modalities:

Pain Management:

Primary Care Physician:

Patient Self Care Risk Factors:

AOD History/Current Use:

Behavioral Health needs:

Social Support:

End of Life Consult Needs:

Palliative Care/Hospice/Advanced Directive/POLST