Lydia Cancer Association

P. O. Box 731
Lydia, LA 70569
Phone # (337) 367-1192
Fax # (337) 367-3013

Referral Form

Date: _____ Patient Name: _____

Patient's Address: _____

_____

DOB: _____ Phone: _____

THE BELOW TO BE FILLED BY ONCOLOGIST

Oncologist: _____ City: _____

Office Contact: _____ Phone: _____

Cancer Diagnosis: _____

_____

Date Diagnosis: _____

Is Patient **currently undergoing** treatment: Yes: _____ No: _____

Chemo Treatment: Yes: _____ No: _____

Radiation Treatment: Yes: _____ No: _____

Other: Yes_____ No_____ Type: _____

Physician's Signature: _____

Providing limited assistance to cancer patients residing in Iberia, St. Martin, St. Mary & Vermillion Parishes.

Lydia Cancer Association, Inc.
P.O. Box 731
Lydia, LA 70569
Phone (337) - 367-1192
(Fax) 1-337-367-3013

OFFICE USE ONLY:
Patient Number: _____
Start Date: _____

DATE:	FIRST NAME:	M.I.	LAST NAME:
DATE OF BIRTH:	ADDRESS:		
TELEPHONE:	CITY	STATE:	ZIP
MALE:	SOCIAL SECURITY#	EMPLOYER:	
FEMALE:			

CONTACT PERSON:	ADDRESS:	CITY, STATE, ZIP:	PHONE:	RELATIONSHIP:
PHYSICIAN:		DIAGNOSIS:		
CARETAKER:		REFERRED BY:		

Comments:	Authorizations:

OF PEOPLE IN HOUSEHOLD:

_____Adults

_____Children (under age 18)

List Name, sex and age of legal dependents:

Comments:

Service Eligibility Form

In Order to qualify for services through LCA Outreach Services, the individual must have or have had cancer within one (1) year. The individual must reside in the LCA service area, consisting of Iberia, Vermillion, St. Mary or St. Martin Parish.

Each new cancer patient must go through an intake process.

STATEMENT OF UNDERSTANDING

I have read and understand the above and declare the information furnished by me is true and complete to the best of my knowledge. I hereby authorize LCA to contact my physician and obtain appropriate medical information regarding my care. In addition, I consent to the exchange of information between LCA outreach and other community agencies to provide needed services.

Applicant / Responsible Party

Date

Lydia Cancer Association, Inc. is an organization trying to serve the needs of cancer patients and their families. LCA does not discriminate against any person because of their, creed, religion, gender, or age.

Statistical Analysis

As part of our ongoing need for grants and funding, it is necessary that we provide statistical information to our funding source.

For this purpose, we would like to ask you to provide us with the following information. Please understand, however, that in providing this information, complete confidentiality will be maintained.

1) What is the city and parish in which you reside in?

Parish _____ City _____

2) Are you a single parent supporting minor children? (Circle one)

Yes No

3) What is your ethnic background? (Circle one

White / Caucasian	_____	Native American	_____
Hispanic / Spanish	_____	Asian	_____
African American	_____	Other	_____

4) Female: _____ Male: _____

5) Age: _____

6) How many people are currently residing in your household? _____

7) Are you a Veteran? _____