



Fax Referral Form

Please fax to: FCNA/Holistic Cultural and Education Wellness Center (559) 255-1656

Please complete this form, and fax it to the number listed above. Once received, we will call the client with information. Information provided will remain confidential; however, names will be added to our client services mailing list. For any questions, please contact **Dia Yang** at FCNA/Holistic Cultural and Education Wellness Center (Holistic Center) by phone at (559) 255-8395 or by e-mail at dyang@hcewc.org

CLIENT INFORMATION: (PLEASE PRINT)

DATE: _____

Last Name: _____ First Name: _____

Address: _____ City/Zip: _____

Phone: _____ Fax: _____

E-Mail: _____ County: _____

If child, list parent/guardian name: _____

Client's Date of Diagnosis: _____ Client's Date of Birth: _____

DIAGNOSIS: (*Please check one or specify type of cancer under "other."*)

Breast Cancer

Lung Cancer

Colon Cancer

Other _____

Disease status:

Newly Diagnosed

In Treatment

Remission

Relapse

HEALTHCARE PROFESSIONAL MAKING THE REFERRAL:

Name: _____ Phone: _____

Social Worker/Nurse: _____

Institution: _____ Client's Physician: _____

Additional Comments: _____

CLIENT CONFIDENTIALITY AGREEMENT: *To ensure patient privacy protection as part of the Health Insurance Portability and Accountability Act (HIPAA), & to provide clients with control over what personal information is used & disclosed, I, _____, agree to have the above information released to FCNA/Holistic Center.*

****Client's or Guardian's Signature:** _____

*For further information please contact the FCNA/Holistic Center
4879 E. Kings Canyon Rd., 93727/Phone: (559) 255-8395 Fax: (559) 255-1656*