

# Referral Form to Herald Cancer Care Network

(For Chinese Cancer Patients Only)  
Please fax to: 408-263-8181

Please use this form to refer your patient/client to the Herald Cancer Care Network (HCCN), when s/he needs the services HCCN offers and allows you to release the contact information. Please fill out the form and fax it to HCCN. You may also ask your patient/client to visit the HCCN website at [www.cchc.org/cancer](http://www.cchc.org/cancer) or contact HCCN directly at (408)263-8585 x 102.

All information will remain confidential. This is not a solicitation.  
All Herald Cancer Care Network services are **FREE** of charge.

**My client is interested in:**

- Cancer information in Chinese
- Emotional support through telephone care or home visits
- Support groups or educational seminars in Chinese
- Other (please specify) \_\_\_\_\_

**\* Required fields**

\* Referred by: \_\_\_\_\_ \* Phone: (     ) \_\_\_\_\_

\* Patient Name: \_\_\_\_\_ Chinese Name: \_\_\_\_\_

\* Daytime Phone: (     ) \_\_\_\_\_ \* Primary Language: \_\_\_\_\_

Address: \_\_\_\_\_

Type of Cancer: \_\_\_\_\_ Sex: \_\_\_\_\_

Contact Person/Relationship: \_\_\_\_\_ Phone: (     ) \_\_\_\_\_  
(if other than patient)

Patient Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Comments: \_\_\_\_\_

Herald Cancer Care Network  
211 Topaz St., Milpitas, CA 95035  
Telephone: (408)263-8585 x 102, Fax: (408)263-8181

The information contained in this facsimile message is confidential. It is intended for the use of the Herald Cancer Care Network. If the reader of this message is not the intended recipient, you are hereby notified that any dissemination, distribution or copying of this telecopy is strictly prohibited. Please fax it to the Herald Cancer Care Network at the above number. Thank you for your cooperation.