

## GAS CARD REFERRAL FORM

### PHYSICIAN SECTION

<b>Patient Name:</b>		<b>Referred Date:</b>
<b>Patient Address:</b>		
<b>Patient Home Phone:</b>	<b>Patient Cell Phone:</b>	<b>Type of Cancer ( No Codes Please ):</b>
<b>Referring Physician Name ( Printed ):</b>	<b>Physician Location:</b>	<b>Physician Office Phone:</b>
<b>Transportation Support needed for the following date(s):</b>		
<b>Reason for transportation:</b> <input type="checkbox"/> Chemotherapy <input type="checkbox"/> Radiation <input type="checkbox"/> Surgery <input type="checkbox"/> Other: _____		
<input type="checkbox"/> <b>I certify that this patient meets criteria for financial assistance</b>		
<b>Referring Physician Signature:</b> _____ ( REQUIRED )		

### DEMOGRAPHIC INFORMATION (to be filled out by Patient)

The information requested on this form is used by Arizona Oncology Foundation for statistical purposes only. It helps provide information to donors & funding organizations and to evaluate our programs & services. Names are never disclosed. Your help is appreciated.

**Miles patient travels for treatment (one way):** \_\_\_\_\_

**How often will trip be made? (once, 2x per week, every day for X weeks, etc.):** \_\_\_\_\_

**Gender:**    Female    Male

**Marital Status:**    Single    Married    Widowed

**Age Range:**    18-29    30-60    60 and Above

**Racial/Ethnic Background:**

African American    Caucasian White    Multi-Racial

Asian/Pacific Islander    Latino/Hispanic    Native American/American Indian

Other (Please Specify) \_\_\_\_\_

**Income:**

Less than \$12,000    \$12,001 - \$24,000    \$24,001 - \$35,000

\$35,001 - \$40,000    \$40,001 and above

**Residency:**   City \_\_\_\_\_   County \_\_\_\_\_   Zip Code \_\_\_\_\_

**Number in household** \_\_\_\_\_   **Number in household under the age of 18** \_\_\_\_\_

**Have you ever received Arizona Oncology Foundation services ?**   Gas Cards    Yes    No   /   Therapeutic Vouchers    Yes    No

**PLEASE SUBMIT TO: ARIZONA ONCOLOGY FOUNDATION**  
Mailing Address: 2625 N Craycroft Rd. Ste. 101, Tucson, AZ 85712

Fax: (520) 324-2680 ATTN: Arizona Oncology Foundation