



East Syracuse * Onondaga Hill * Auburn
315-472-7504 Office Phone
315-506-2469 Nurse Navigator Phone
315-634-5168 Fax

Non-Oncology Infusion New Consult Referral Form

Date of referral: _____ Referring MD: _____ Phone: _____

Referral Coordinator Name: _____ Phone: _____

Patient Demographics

Demographics attached (if YES, may skip Patient Demographics section)

Name: _____ DOB: _____

Patient Address: _____ City: _____ Zip: _____

Patient Phone: Preferred _____ home/cell Alternate _____ home/cell

SSN: _____

Patient Insurance

Front and back of insurance card attached (if YES, may skip Patient Insurance section)

Primary Insurance: _____ ID _____

Subscriber Name: _____ Group # _____

Secondary Insurance: _____ ID _____

Subscriber Name: _____ Group # _____

Order, Diagnosis and Clinical Information

Download therapy specific order form and review supporting clinicals

<https://www.hoacny.com/referring-physicians/referring-non-oncology-infusion>

We require the following information for all new referrals for continuity of care & drug authorization:

- **HOA MEDICATION ADMINISTRATION ORDER FORM** Enclosed___
- Most Recent MD Progress Note Enclosed___
- Allergy List Enclosed___
- Medication List Enclosed___
- Medical/Surgical History Enclosed___
- Family History Enclosed___
- Allergy List Enclosed___

***** If you are requesting administration of a medication that is not on the website, please call our Nurse Navigator
315-506-2469**