



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**