

Cancer Screening Help Request Form

Hill Physicians wants to help you stay on track with your healthcare. If you are due for one or more preventive cancer screenings, let us help you. We can assist you in making your screening appointment, getting you a referral or sending you a test kit. Please fill out the form and fax or mail it to our Health Navigators.

Member Information

Patient First and Last Name _____

Date of Birth ____/____/____

Gender: male female

Requestor's Information (if request is being made on behalf of the patient)

Requestor's First and Last Name _____

Relationship to Patient: Family member Caregiver Friend

Other _____

What can we help with?

- Scheduling a mammogram appointment Getting a colonoscopy referral
 Getting a FOBT Kit (in home stool sample test)

Preferred phone number for follow-up

Phone (____) _____

- Please check this box if **you do not want detailed voicemail messages** left at this phone number.

Please fax or mail the completed form to:

(925) 327-6196
Hill Physicians Medical Group
PSPH - Disease Prevention
P.O. Box 5080
San Ramon, CA 94583