

## 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