



In partnership with the American Cancer Society (ACS), Rutgers Cancer Institute of New Jersey offers our patients access to the services provided by the ACS. If you would like to take advantage of these services, please complete the information below, bring the form to the Cancer Institute of New Jersey and give it to the receptionist when you check in for your appointment.

Patient Name:	Date of Birth (mm/yy):
Address:	<input type="checkbox"/> Male <input type="checkbox"/> Female
City:	State: Zip:
Primary Phone: ()	Secondary Phone: () Primary Language:

Do you have a diagnosis of cancer:

No Yes (If "yes" please answer the following):

Type of Cancer: _____

Date of Diagnosis: (mo/yr) _____ / _____

Is this a recurrence: Yes No

Are you in treatment: Yes No Not yet determined

Type of treatment:

- Chemotherapy Radiation Hormone
 Surgery Other Unknown

Insurance: Medicaid Medicare Private
 Uninsured Military Program

Ethnicity: Black/African American
 American Indian/Alaska Native
 Caucasian/White Hispanic/Latino
 Asian/Pacific Islander Other

Please check off the services you need:

- Support Programs Information
 Help with transportation Help to stop smoking
 Other

Patient Signature: _____

Date: _____

Patient Consent (HIPPA):

By signing above I agree to the disclosure of my diagnosis and type of treatment to the American Cancer Society (ACS) and to have the ACS contact me regarding possible services they can provide.

For office use only: Rutgers Cancer Institute of New Jersey
New Brunswick, ID# 1731060804 ■ Fax: 732-821-7107