

# Form Instructions

This form is to be completed after you have completed your initial consultation with Simms/Mann UCLA Center for Integrative Oncology. If the initial intake assessment fees cannot be met, please fill out the form and return it to [info@theajcf.com](mailto:info@theajcf.com) , Mail or Fax it to 323-417-5085.

If you have any question or comments, write or email us:

5424 Laurel Canyon Blvd, #F125

Tel 323-960-5006

Fax 323-417-5085

[infor@theajcf.org](mailto:infor@theajcf.org)

[www.theajcf.org](http://www.theajcf.org)



**Referral Form - Mary Hardy, MD Services  
Simms/Mann Center for Integrative Oncology  
Women with Cancer (45 or older)  
Low income/Limited Resources (AJCF GRANT)**

Patient Name: \_\_\_\_\_ Referring Physician: \_\_\_\_\_

Simms/Mann Center Clinician: \_\_\_\_\_ Date of Interview: \_\_\_\_\_

Medical Records: \_\_\_\_\_ DOB: \_\_\_\_\_ Age: \_\_\_\_\_

Diagnosis: \_\_\_\_\_ Stage of Disease: \_\_\_\_\_ Date of DX: \_\_\_\_\_

**Assessment of Financial Need:**

Please indicate what economic variable makes this patient in need of scholarship support?

- Unemployed
- Underemployed
- Working Part-time
- On Sick leave/disability
- Medi-Cal
- Underinsured: \_\_\_\_\_
- Extraordinary Medical Expenses: (List) \_\_\_\_\_
- Other Personal Situations: \_\_\_\_\_

Approximate Take Home Salary at Present: \_\_\_\_\_

Number of People in Household (or additional Dependents) \_\_\_\_\_

**Recommendation for Support:**

**Scholarship**

- 50 % Scholarship (Reduces fee from \$350 to \$175)
- 75 % Scholarship (Reduces fee from \$350 to \$87.50)
- 100% Scholarship

**Limited Copayment**

- \$50
- \$25
- \$10

**Support for Supplements in Reflections**

Approved By: \_\_\_\_\_ Date: \_\_\_\_\_

