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.org, Mail or Fax it to 800-774-1628.

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

1976 S. La Cienega Blvd, Ste. 400 Los Angeles, CA 90034

Tel 323-960-5006 Fax 800-774-1628 info@theajcf.org www.theajcf.org



Patient Nai	me:	Referring Pr	ıysıcıan:		
Simms/Ma	nn Center Clinician: _		Date of Inte	rview:	
Medical Re	ecords:	DOB:		Age:	
Diagnosis:		Stage of Disease:	Date of DX:		
Assessmer	nt of Financial Need:				
Please indi	icate what economic	variable makes this pati	ent in need of scholars	ship support?	
☐ Und ☐ Wo ☐ On ☐ Me	employed deremployed orking Part-time Sick leave/disability di-Cal derinsured:				
□ Ext	Extraordinary Medical Expenses: (List)				
☐ Oth	ner Personal Situation	ns:	_		
Approxima		at Present:			
Number of	People in Household	(or additional Depende	nts)		
Recommer	ndation for Support:				
☐ 75 ☐ 100 Limited Co ☐ \$50 ☐ \$25 ☐ \$10	% Scholarship (Redu % Scholarship (Redu 0% Scholarship payment 0	ces fee from \$350 to \$1 uces fee from \$350 to \$ ections	•		
Approved E	Bv:		Date:		



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Grantee	Date		
Exec Dir.	 Date		