connect with a **blood cancer information specialist**

LEUKEMIA & LYMPHOMA SOCIETY® fighting blood cancers **someday is today®**

Please fax this form to 914.821.3657
or scan and email to **infocenter@lls.org**

Please complete, or ask the patient to complete, the following information and send to the fax or email address above. Upon receipt, an LLS Information Specialist will reach out to the patient and send resource information. Patient information provided will remain confidential, however, names will be added to our patient access mailing list. For any questions, contact the Information Resource Center at **1-800-955-4572**.

Patient's First Name: _____ Middle Initial: _____ Last Name: _____

Address: _____

City: _____ Apt: _____ State: _____ ZIP*: _____
*ZIP Code must be provided

Phone Number: _____ Email: _____

Patient's Date of Birth: _____/ _____ / _____ **Date of Diagnosis:** _____/ _____ / _____

If minor, Parent/Guardian First and Last Name: _____

Diagnosis: (check one of the following)

- ☐ Acute Lymphoblastic Leukemia
- ☐ Acute Myeloid Leukemia
- ☐ Chronic Lymphocytic Leukemia
- ☐ Chronic Myeloid Leukemia
- ☐ Myelodysplastic Syndromes
- ☐ Myeloproliferative Neoplasms
- ☐ Non-Hodgkin Lymphoma
- ☐ Hodgkin's Disease
- ☐ Myeloma
- ☐ Waldenstrom's Macroglobulinemia
- ☐ Other _____

Race: (check one of the following)

- ☐ American Indian/Native Alaskan
- ☐ Asian
- ☐ Black/African American
- ☐ Native Hawaiian/Pacific Islander
- ☐ White
- ☐ Two or more races

Hispanic/Latino: (check one of the following)

- ☐ Yes
- ☐ No

Primary Language Spoken: _____

Healthcare professional making the referral:

Name: _____ Phone: _____

Institution: _____ Email: _____

Additional Comments: _____

Patient Confidentiality Agreement: *To ensure patient privacy protection as part of the Health Insurance Portability and Accountability Act (HIPAA) and to provide patients with control over what personal information is used & disclosed, I,_____, agree to have the above information released to The Leukemia & Lymphoma Society.*
Print Patient's Name

_____
Signature of Patient/Guardian Date

The LLS Mission: Cure leukemia, lymphoma, Hodgkin's disease and myeloma, and improve the quality of life of patients and their families
www.lls.org I 800.955.4572

PS848 1M 8/16