

STANFORD CANCER CENTER **NEW PATIENT APPOINTMENT LETTER**

STANFORD WOMEN'S CANCER CENTER

Date:	_	Stanford Multi-Specialty Clinic 16400 Lark Avenue, Suite 350 Los Gatos, CA 95032
		Phone: 650-498-6004 Fax: 650-498-7100 cancer.stanford.edu/newpatient
Dear Date of Birth Patient MRN		- - -
You are schedule	ed for an appointment with the Stanford Multi-Spe	cialty Clinic.
My name is	As one	of the Stanford Women's
Cancer Center N	ew Patient Coordinators, I will help you get ready	for your first visit with us. If
you need to canc	el or change your appointment, please notify us a	t least 24 hours in advance
by calling 650-49	8-6004. Please plan on two to four hours for your	first clinic appointment.
Your app	ointment is scheduled for:	
Date:		
Time:		
with Dr:		
Please ch	neck in at 16400 Lark Avenue, Suite 350	
Please ar	rive 30 minutes before your appointment time	•

- PLEASE BRING THE FOLLOWING WITH YOU TO YOUR APPOINTMENT: ☐ Insurance card(s), including Medicare, Medi-Cal, or Covered California cards
- ☐ Insurance co-pay (We accept credit, debit, or checks no cash please)
- □ Valid photo ID
- ☐ Completed forms listed below, all of which are in your new patient packet:
 - ✓ Allergy and Medication form
 - ✓ Patient Intake Questionnaire requesting physician and pharmacy information

For more information and services for our new patients, check out our website cancer.stanford.edu/newpatient



STANFORD CANCER CENTER NEW PATIENT APPOINTMENT LETTER

STANFORD WOMEN'S CANCER CENTER

The Stanford Multi-Specialty Clinic is located on the third floor, suite 350 (16400 Lark Avenue in Los Gatos). Please plan an hour to an hour and a half for your first clinic appointment. During this appointment, your doctor will review your detailed medical history, perform a physical examination, and discuss treatment options.

During your first visit, we will share some important information about your condition and future care plan. To help you remember everything discussed, we encourage you to bring a family member or friend. You may also want to prepare a list of questions for discussion with the doctors. Please be prepared to take notes during your appointment or bring a tape recorder to the visit.

Here at Stanford Hospital & Clinics, our job is to collect your medical records before your appointment so that you have one less thing to worry about. We need to understand your medical history so our doctors can better understand your medical condition. We will contact all non-Stanford hospitals, clinics, and imaging centers to ask for your records, such as pathology slides, X-rays, scans, and other reports. If we do not have the appropriate records ready for your appointment despite our best efforts, we may contact you to seek your help in obtaining these records. Depending on the facility, we may need your help to sign and submit record release forms. Our goal is for you to have a productive first appointment with your doctor.

Thank you for choosing Stanford Multi-Specialty Clinic for your care. It is our privilege and pleasure to assist you. Please call our office at 650-498-6004 and ask to speak with me if you have any questions.

Sincerely,	
Stanford Women's Cancer Center	
New Patient Coordinator	



Allergy and Medication Form

Today's Date:		
Patient Name:		
Date of Birth:		
Patient MRN:		
Allergies and Sensitiviti	es	
	e you had a bad reaction to, any me plete the section below.	edication or other element? Yes No
Allergic to:	Type of Reaction	
Medications		
Please list all the current r	medications you are currently taking	g, including those you buy without a doctor's prescription.
Medication Name:	Medication Dose:	Number you take per day:
		
		



A NATIONAL CANCER INSTITUTE-DESIGNATED CANCER CENTER

Today's Date:

City

Patient Intake Questionnaire

Patient Na	ame:			
Date of Bi	rth:			
Patient M	RN:			
PHYSICIAI	N AND PHARM	1ACY INFORMA)N	
Family Phy	ysician:			
Name			Specialty	
Address			Telephone	
City	State	Zip	Fax	
Referring F	Physician:			
Name			Specialty	
Address			Telephone	
 City	State	Zip	Fax	
Specialty P	Physician: (e.g.,	surgeon, oncolo	, other):	
Name			Specialty	
Address			Telephone	
 City	State	Zip	Fax	
Pharmacy:	:			
Name			Specialty	
Address				

To which of the above physicians should we send information about your visits at Stanford Clinical Cancer Center:

Fax

Zip

State