



987 8th Street
Arcata, CA 95521
707.825.8345
Fax: 707.825.8384
info@hcbhp.org
www.hcbhp.org

Referral for Support & Information Services

Support and information are available to people who may be facing a breast or gynecologic cancer concern. Services are provided by individuals who are primarily cancer survivors themselves. There is no fee for the any of the services provided. No appointment necessary – drop-in hours are Monday-Friday from 10-2; and many of the services are provided over the phone. No medical services are provided. Patients participate in services in ways that work for them. If patients agree to the referral, we are happy to call them about our available support services.

Date: _____

Patient Information:

*Patient Name _____

*Patient's Phone # _____ or _____

*Referring Provider/Office Name _____

- Dx: Breast Health Concern (i.e., financial resources, abnormal mammogram or breast lump)
 Breast Cancer
 Gynecologic Cancer
 Other (e.g., caregiver): _____

The patient has agreed they would like to learn more about how the Breast and GYN Health Project might support her/him. Please give her/him a call.

PLEASE DO NOT SEND MEDICAL OR INSURANCE RECORDS

Please Call us or fax to:

Lisa Petterson, RN, Client Services Director **707-825-8384 FAX**