



Cancer Support Notification Form

Please fax or email completed form
Attention: Patricia Graves to
215-790-4976 or pgraves@pmhcc.org

Philadelphia Coordinated Health Care (PCHC) is available to assist individuals diagnosed with intellectual/developmental disabilities (I/DD) and cancer connect to community support services. **By completing and sending the American Cancer Society (ACS) "Service Referral Form" to 1-800-620-3702 and this form to 215-790-4976 we may be able to help during this time.**

ALL INFORMATION WILL REMAIN CONFIDENTIAL

I am interested in:

- o Information on Cancer
- o Information on Support Services Available to Someone Diagnosed with Cancer
- o Training for Staff about Cancer
- o Training for an Individual Diagnosed with I/DD about Cancer
- o Other (Please Specify) _____

(*Required Fields)

*Patient Name _____

*Point of Contact (if patient requires support) _____

*Provider Agency Name (if applicable) _____

Home Address _____

City _____ State _____ Zip _____

*Daytime Phone (____) _____ *Alt. Phone (____) _____

*Gender Male Female

*Type of Cancer _____ Date of Diagnosis _____

O Please check if you have sent a copy of the "Service Referral Form" to the American Cancer Society.

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