LONE STAR CIRCLE OF CARE
BIG PINK BUS
MAMMOGRAMS ON THE MOVE

LONE STAR CIRCLE OF CARE
2423 WILLIAMS DR. SUITE 107
GEORGETOWN, TEXAS 78628

Referral Date: _____ Athena ID: _____ Med-IT ID: _____

Referred By: _____ Pt. Language: _____ Date of Diagnosis: _____

MBCC Patient Screening & Referral Form

Name: _____ DOB: _____ Pt. Age:_____

Email: _____ Phone: _____

Address: _____

City: _____ Zip Code: _____ County: _____

Social Security #: _____

Household Size: _____ Estimated Household Income: $_____ (H, W, M, Y)

Resident Status: ☐ US Citizen ☐ Permanent Resident ☐ Naturalized Citizen

Current Insurance Coverage? ☐ Yes ☐ No

Currently in Treatment? ☐ Yes ☐ No If yes, where? _____

Notes:

Please complete this form and return to:

Alaina Weaver, CPN, CHW, TICP - Lead Patient Navigator
Email: aweaver@lscctx.org Ph: 512-686-0695

Lone ★ Star
Circle of Care

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