CBF Christine B. Foundation

Referral Form

Cancer Nutrition Assistance - Home Delivery Referral Form

1) Check List

I. Eligibility: The patient must be either 1. currently receiving an active form of treatment for a cancer diagnosis or 2. in remission/maintenance and have completed their last treatment was no more than eighteen months ago
II. County of Residence: Eligible in Piscataquis, Penobscot, Hancock, and Washington
III. Pick Up Options: Please inform the patient that pick up at Northern Light Cancer Institute and Northern Light Mayo Hospital is available.

Learn more about CBF's medically preferred food program, here

2) Patient Information

Full Name*	
Date of Birth*	
Primary Phone Number*	
Full Physical Address*	
Notes/Comments	

3) Referring Partner

Referring Partner (your name)*	
Referring Partner's Email (your email)*	
Referring Partner's Phone Number*	
Referring Organization*	
Todays Date*	

Electronic Confirmation: Upon submission, you declare the information above is accurate and the patient consents to the referring provider and CBF sharing information specifically related to this referral.

4) Submit Referral

Complete the form fully and efax or email it to CBF.

Email: **referral@chrisbfund.org** | eFax: (207) 407-7343

Thank you for your partnership. The referred patient will be contacted by CBF within 2-3 business days. Call (207) 573-9026 with any questions.