GREENVILLE HEALTH SYSTEM
Cancer Institute

Outpatient Referral for Psychosocial Assessment

900 West Faris Road, Greenville, SC 29605
Office: (864) 455-0000 Pager: (864) 390-0885
Fax: (864) 455-5897

ATTENTION: Kerri Susko, MSW, LISW-CP

Referral Source: _____

Patient's MD:_____ **MD Phone number:** _____

Urgent: Y N

Patient Information
Patient's Name: _____Gender: M F
DOB: _____ Medical Record #: _____
Telephone (Home): _____(Cell):_____
Address: _____
City: _____ State: _____Zip: _____
Cancer Diagnosis: _____

Reason for referral:

Known psychosocial hx/issues regarding this referral:

Please FAX referral to: KERRI SUSKO, LISW- CP at (864) 455-5897