

## Center for International Medicine External Business Intake Form

We request hospital organizations or External Patient-Referring agencies to provide the following information.

City of Hope looks to develop long-term relationships and reviews all requests based on capabilities and background in 4 areas:

- I. Patient Care Services and Focus
- II. Organizational Model and Strategy to grow business
- III. Current Staffing and Patient Support Capabilities
- IV. Strength of Referral Pathways/Network

Organization Name:	
Address (include both US and International), and office locations	
Country of Registration and Date of Registration:	
Leadership Team Names and background (please attach additional pages if appropriate)	
Summary of Background in Medical and Healthcare Industry. Please include previous patient counts:	

<p>Patient Support Staff (please list secondary languages, clinical certifications, and other skill sets):</p>	
<p>Description of Patient Support Services:</p>	
<p>List of Current Outbound Referral Network</p> <p>Hospital/ Clinic Relationships that Patients are Referred From:</p>	
<p>Current and Planning Marketing Strategies/Efforts:</p>	