ALLERGY________________
____
____

*CASE MANAGER*________________

PHONE 276.236.0973 • FAX 276.236.6455

ACUITY LEVEL ____
FALLS RISK ____ Y____N
CPR STATUS __________
Entered in Computer_____

Referral Form

PATIENT NAME ____ MR# __________________________

ADDRESS ____

PHONE ______________ {H} ______________ {C} SSN _______________ DOB __________ AGE _____

SEX ____M____ F MARITAL STATUS ___ SPOUSE NAME________________ COUNTY ____ ETHNIC____

PHYSICIAN ____________________________
ADDRESS ____

PHONE ______________________ FAX ________________

PHYSICIAN LICENSE VERIFIED [ ] YES [ ] NO
IF NO, IS PHYSICIAN ON STAFF AT A JCAHO
IF NO; ADMISSION WILL BE DEFERRED UNTIL
VERIFICATION HAS BEEN OBTAINED.

HOSPICE DIAGNOSIS _________________________________DATE OF DIAGNOSIS___________________

REFERRAL SOURCE ______________________________________ DATE_________ TIME _____________

CURRENT HH PT ❑ AGENCY _______________________INTAKE DATE __________ SOC DATE _______
STATUS ❑ NEW ADMIT ❑RE-ADMIT ❑ TRANSFER {BENEFIT PERIOD} ❑ F2F REQUIRED ❑ F2F DONE

DURABLE POWER OF ATTORNEY FOR HEALTH CARE__________________________ PHONE ______________

EMERGENCY CONTACT ____________________________ PHONE _______________ CELL _____________

BEREAVEMENT CONTACT ____ PHONE_______________

BEREAVEMENT ADDRESS ____ANNIVERSARY DATE_____________

SPECIAL PRECAUTIONS ____

TELEPHONE ORDER CERTIFYING PATIENT RECEIVED FROM DR.____

ON __________ BY ____________________________. (RN RECEIVING VERBAL ORDER)

TELEPHONE ORDER CERTIFYING PATIENT RECEIVED FROM HOSPICE MEDICAL DIRECTOR__________________________

ON __________ BY ____________________________. (RN RECEIVING VERBAL ORDER)

ORDERS PALLIATIVE CARE

SN ❑ ❑ SW ❑ AIDE ❑ THERAPY SPECIFY____________________)
CHAPLAIN ❑ ❑ DME COMPANY ____________) ❑ NURSING HOME______________________
VOLUNTEER ❑ ❑ PHARMACY ______________ ❑ FUNERAL HOME ______________________
❑ RELIGIOUS BELIEF ❑ CULTURAL BELIEF

PAYOR 1 ____________________________________ POLICY# _____________________________________
SELF OTHER NAME ON CARD _________________________ GROUP #______________________
PAYOR 2 _____________________________________ POLICY# __________________________________

DIRECTIONS TO HOME ____
____
____
____

COMMENTS (SPECIFY IF NOT ADMITTED AND WHY)____
____

REV. 2/99, 2/00, 10/01, 10/05, 1/06, 6/06, 10/07, 2/09, 5/11, 8/12, 1/13