

Home Health Referral Fax Sheet

Patient Name: _____ DOB: _____ SSN: _____

Patient's Home Address: _____

Insurance Provider: (Medicare/Medicaid/Other) _____

Medicare #: _____

Referring Agency: _____

Referring Provider: _____ NPI: _____

To help us determine if this patient is appropriate for Home Health, we ask that you fax the following info to **(620) 724.4790**.

- Signed Physician Order for Home Health (Skilled Nursing, Home Health Aide, PT, OT, SP)
- Skilled Need/Diagnosis(Reason for Admission)
- Discharge instructions sign by patient/nurse
- H & P
- Dressings/wounds/treatment/Sutures/Staples/Ports/SC/Heplock
- Current labs & imaging
- Home medication List
- Homebound for Medicare

If the patient has any of the following needs, please indicate, as we may need to coordinate services before we receive the patient.

- Wound Vac Ostomy Care Central Line Maintenance Dressing Changes
- Other: _____

To insure continuity of care, please fax the following documents before patient leaves your facility:

- Provider Orders Discharge Summary & Instructions Discharge Med List

We appreciate your referrals and will be happy to answer any questions on the appropriateness of a patient. To make a referral or with questions, don't hesitate to get in touch with our Home Health Department at **(620) 724.8469**.

Home Health Coordinator
Fax: (620) 724.4790
Phone: (620) 724.8469
www.GirardMedicalCenter.com

