

FAX



EvergreenHealth Hospice Referral

To: EvergreenHealth Hospice Intake

Fax #: (425) 899-1033

Phone #: (425) 899-3300

From:

Facility:

Date:

Fax #:

Phone #:

of Pages:

Patient Name (Last, First): _____ DOB: _____

Hospice Service Address: _____

Primary Insurance Type/#: _____ MC #: _____

Primary Hospice Dx: _____ Other Dx: _____

DPOA/Guardian Name: _____ Phone: _____

Name of Hospice Attending Provider (often PCP): _____

No Attending Provider Elected, please speak with patient/family to determine.

Please attach as much of the following documentation as possible:

- Patient Demographic Sheet
- Latest Visit Note (MD/PA/ARNP)
- History & Physical
- Current Meds/Orders
- POLST Form
- Weight Summary
(ideally previous 6-month weight hx)
- Other nursing notes/helpful info
- Signed Hospice Order/Certificate of Terminal Illness (CTI)*

Other Notes:

Thank you from EvergreenHealth Home Health & Hospice.

*Please request CTI form as needed.