FAX

EvergreenHealth
HOME HEALTH & HOSPICE CARE

EvergreenHealth Home Health Referral

To: EvergreenHealth Home Health Intake

Fax #: 425.899.3228 Phone #: 425.899.3300

From: Facility: Date:

Fax #: Phone #: # of Pages:

Patient Name (Last, First): ______________________________ DOB: __________

Service Zip Code: ____________ Primary Insurance Type/#: ____________________

Primary Care Provider/Home Health Attending Provider: ______________________

Home Health Disciplines Requested:

- ☐ Skilled Nursing
  (Circle if applicable):
  Wound care? INR checks?
- ☐ Physical Therapy
- ☐ Occupational Therapy
- ☐ Speech Therapy
- ☐ Medical Social Work
- ☐ Home Health Aide
- ☐ Psychiatric Nursing
- ☐ Psychiatric Occupational Therapy

Please attach as much of the following documentation as possible:

- ☐ Patient Demographic Sheet
- ☐ DPOA/Emergency Contact Name/#
- ☐ Latest Visit Note (MD/PA/ARNP)
- ☐ History & Physical
- ☐ Current Meds/Orders
- ☐ Other notes/helpful info
- ☐ Signed Home Health Order
  - ☐ *Not included but request sent to patient's PCP to send Evergreen HH an order directly*
- ☐ This person has a life-limiting illness and may benefit from learning more about hospice care
  (staff will follow up with you before broaching topic with patient/family)

Notes:

Thank you from EvergreenHealth Home Health & Hospice.