

# HOMECARE & HOSPICE

Referral date \_\_\_\_\_

Requested admission date \_\_\_\_\_

Date of F2F encounter \_\_\_\_\_

Patient name: Last, First, Middle \_\_\_\_\_

DOB \_\_\_\_\_

Gender \_\_\_\_\_

Referring physician name \_\_\_\_\_

Phone number \_\_\_\_\_

PCP (if different than above) \_\_\_\_\_

Phone number \_\_\_\_\_

Primary diagnosis \_\_\_\_\_

Allergies \_\_\_\_\_

Insurance/ Medicare number \_\_\_\_\_

Recent inpatient facility stay \_\_\_\_\_

Home Health       Home Health Palliative Care

Palliative Care Practice (see back)       Hospice

**Skilled Nursing Evaluation**

- Medication reconciliation and education
- Observation, assessment, and teaching related to illness and/or chronic conditions
- Wound care (specify) \_\_\_\_\_
- Other (specify) \_\_\_\_\_

**Speech Therapy Evaluation**

- Assess change or decline in communication abilities. Instruct in communication interventions.
- Assess change or decline in swallowing function. Instruct in swallowing intervention program.

**Physical Therapy Evaluation**

- Assess home safety, functional mobility, and falls risk
- Establish and instruct in home exercise, activity, and safety program
- Assess need for and instruct in DME (specify): \_\_\_\_\_

**Occupational Therapy Evaluation**

- Assess home safety, falls risk, and IADL/ADL management
- Establish and instruct in home safety program and ADL/IADL management
- Assess need for and instruct in DME (specify): \_\_\_\_\_

**MSW Evaluation**

- Assess household management, long-term planning and need for community resources

Evaluate for telemonitoring       Private duty services

Other: \_\_\_\_\_

**Please fax this form to 484-580-1545 and include the following:**

1. Most recent Clinical encounter note and H&P or Discharge Summary
2. Current Patient Demographics, Primary Caregiver/Emergency Contact Name and Phone Number, and Medication List

Office contact name: \_\_\_\_\_

Phone number: \_\_\_\_\_

240 North Radnor Chester Road | Suite 100  
Radnor, PA 19087

1.888.533.3999  
[mainlinehealth.org/homecare](http://mainlinehealth.org/homecare)



## HEMOCARE & HOSPICE

### Palliative Conditions *(check all that apply)*

- Two or more hospitalizations or emergency department visits: high risk/high utilizers of health care resources
- Chronic heart failure and/or NYHA Class 3 and Class 4 with recurrent dyspnea, debility, hospitalizations
- COPD: GOLD 3 and GOLD 4 classification for severe and very severe chronic obstructive pulmonary disease with recurrent pneumonia and dyspnea
- Dementia and/or geriatric frailty: FAST Stage 6 or greater
- End stage renal disease with debility and functional decline
- Sepsis or pneumonia
- Cancer: advanced/metastatic
- General debility and slow decline with multiple co-morbidities
- Dysphagia: discussions on pleasure feeding
- Conditions that meet hospice eligibility criteria, but patient is declining hospice
- Patient no longer eligible for hospice care
- Other: \_\_\_\_\_

### Reason for Consult

- Pain management
- Other symptom management
- Complex medical care and decision making
- Goals of care conversation
- Completion of POLST
- Strategies to reduce unnecessary rehospitalization or ER visits
- Assess hospice eligibility
- Other: \_\_\_\_\_

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