

**REFERRAL FOR EVALUATION FOR HOME CARE SERVICES**

Source\_\_\_\_\_

Date\_\_\_\_\_

Phone#\_\_\_\_\_

Medicare#\_\_\_\_\_

RN Signature\_\_\_\_\_

HMO? \_\_\_Yes \_\_\_No

***If yes, preauthorization required***

Medicaid #\_\_\_\_\_

HMO? \_\_\_Yes \_\_\_No

***If yes, preauthorization required***

SS#\_\_\_\_\_

Name\_\_\_\_\_

DOB\_\_\_\_\_

Address\_\_\_\_\_

Phone\_\_\_\_\_

Next of Kin\_\_\_\_\_

Referring Dr.\_\_\_\_\_

Tele\_\_\_\_\_

Fax\_\_\_\_\_

Local Dr.\_\_\_\_\_

Tele\_\_\_\_\_

Fax\_\_\_\_\_

Admit Date\_\_\_\_\_

D/C Date\_\_\_\_\_

**Primary Diagnosis**

**Secondary Diagnoses**

**Doctor's Orders**

HCA Needed? \_\_\_Yes \_\_\_No

**Medications**

**Comments**

1. Does the patient need more or less full time skilled nursing care over an extended period of time? \_\_\_\_\_. If yes, referral is not appropriate & refusal is documented. If no, continue.
2. Is there a safe, effective home setting? \_\_\_\_\_. If yes, continue. If no, referral is refused and refusal is documented.
3. Is there a willing, able, reliable, & teachable caregiver? \_\_\_\_\_. If yes, continue. If no, do you think this will affect the home care agency's ability to provide services to the patient? \_\_\_\_\_. If yes, refuse referral and document refusal.
4. Have other home care agencies declined this patient? \_\_\_\_\_. If yes, why?\_\_\_\_\_  
\_\_\_\_\_. If you are concerned with the answer, please discuss the referral with the administrator. If the answer is no, continue.
5. Is the patient currently receiving home care? \_\_\_\_\_. If yes, where? \_\_\_\_\_ . If no, skip question 6.
6. Why is the above agency not being given the referral?  
\_\_\_\_\_  
\_\_\_\_\_
7. Does the patient need ostomy, wound care, and/or catheter supplies? \_\_\_\_\_. If yes, discuss referral with administrator. If no, continue.
8. Is the patient currently receiving outpatient therapy? \_\_\_\_\_. If yes, with whom?\_\_\_\_\_. If therapy services are not with Premier, is the patient willing to change therapy providers? \_\_\_\_\_. If no, referral is refused and refusal is documented. If yes, continue.
9. In your professional opinion, is home care appropriate for this patient? \_\_\_\_\_. If yes, accept the referral. If no, refuse the referral and document the refusal.