

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.