REFERRAL

Transitions® HomeHealth
Formerly Horizons Home Care

Transitions® PalliativeCare
Formerly Horizons Palliative Care

Referral Fax 919-828-9514

Phone: 919-828-0890 (Ask for Access Department)

Date: _____

Number of Pages to follow: _____

FAX IN:

- ☐ This sheet signed by physician
- ☐ H&P / FL2 / Hospital discharge summary
- ☐ Demographic Sheet / Face Sheet (include DOB, SS#, insurance information, responsible party)
- ☐ Office visit notes within the last 90 days
- ☐ ICD-10 codes

Name of person completing this referral: _____

Patient: _____ Primary Diagnosis: _____

Physician (print): _____

*Signature required below

Physician Telephone: _____ Physician Fax: _____

☐ **Order for Consultation for Transitions PalliativeCare**

Please check all boxes that apply.

- ☐ Symptom management
- ☐ Determine goals of care for patient and family
- ☐ Advance care planning/decision making
- ☐ Patient and family support

Describe reason for referral to Transitions PalliativeCare _____

_____

Do you want recommendations only ☐ Yes ☐ No

Do you want recommendations and have the Transitions PalliativeCare provider write orders ☐ Yes ☐ No

What is the best way to communicate findings of the consult ☐ phone number _____

☐ fax number _____

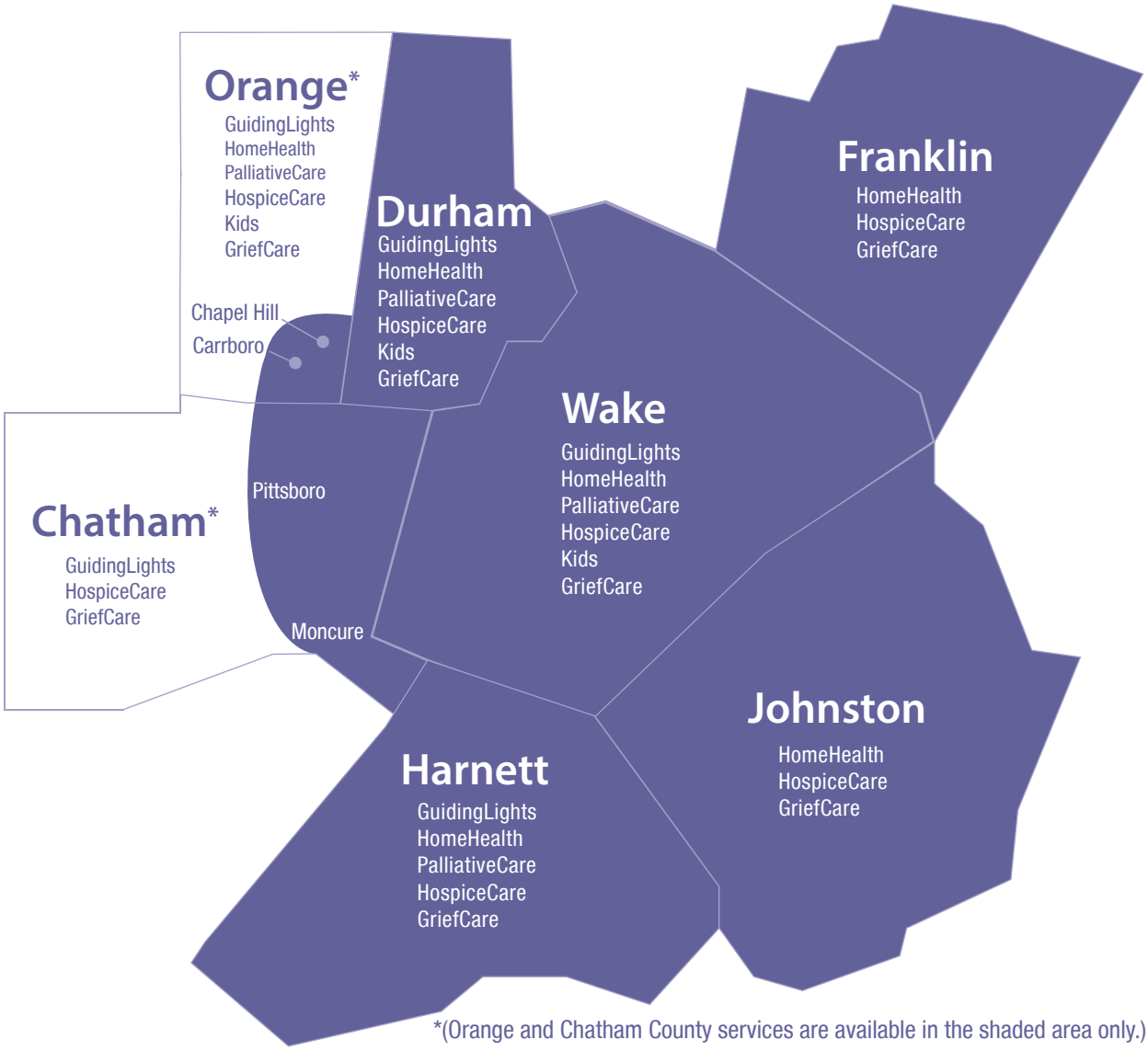
☐ **Order for Transitions HomeHealth for** ☐ **Nurse evaluation** ☐ **Physical therapy evaluation**

***Physician Signature:** _____ _____

Signature required Date

No stamped signatures or dates.

Coverage Area For Care



*(Orange and Chatham County services are available in the shaded area only.)

Transitions® LifeCare

Founded as Hospice of Wake County • 1979

919.828.0890

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transitionslifecare.org