

HOSPICE REFERRAL FORM

PLEASE FILL OUT COMPLETELY AND REUPLOAD THROUGH THE WEB LINK

YOU MAY ALSO FAX THIS FORM TO **(818)403-3045** OR EMAIL TO **referrals@symphonyhospice.com**

If you have a patient who might benefit from hospice services, please complete and return this form. A hospice specialist will follow up promptly.

REQUIRED
INFORMATION

PATIENT NAME: _____ GENDER: M F DATE OF BIRTH: _____
PATIENT'S ADDRESS: _____ CITY: _____ STATE: _____ ZIP: _____
HOSPICE DIAGNOSIS: _____ PATIENT'S PHONE NUMBER: _____
ATTENDING PHYSICIAN: _____
REFERRAL CONTACT NAME: _____ REFERRAL CONTACT PHONE NUMBER: _____
PATIENT'S SSN _____
PRIMARY INSURANCE : _____ OTHER INSURANCE: _____
Has hospice been discussed with the patient/family? YES NO

SUPPORTING
INFORMATION

DOCUMENTS ATTACHED TO FAX PLEASE SEND A REPRESENTATIVE TO COLLECT DOCUMENTS

If you have the following supporting documentation, please provide as appropriate:

- Patient Face Sheet (Demographics)
- Discharge Summary
- Medicare/Medicaid/Commercial Insurance Card
- Pathology Reports
- Last Visit Note
- Additional Information
- History and Physical
- Labs

COMMENTS: _____

ORDERS

EVALUATE AND ADMIT TO HOSPICE SERVICES.

Please choose one box below:

- Hospice medical director to assume care of the patient.
- Dr. _____ will remain attending physician.
- Dr. _____ will remain attending physician with hospice medical director to assist with signs & symptoms management.

ADDITIONAL ORDERS: _____

For physicians: please sign here to authorize us to evaluate and admit patient if eligible.

PHYSICIAN SIGNATURE: _____ Date: _____

PHYSICIAN NAME (PRINT): _____ NPI# _____

WE LOOK FORWARD TO SERVING YOU AND YOUR PATIENTS.



(818)478-8210 Tel | (818)476-9975 Text | (818)403-3045 Fax
info@symphonyhospice.com | www.symphonyhospice.com

NOTICE: The attached communication contains privileged and confidential information. If you are not the intended recipient, DO NOT read, copy, or disseminate this communication. Non-intended recipients are hereby placed on notice that any unauthorized disclosure, duplication, distribution, or taking of any action in reliance on the contents of these materials is expressly prohibited. If you have received this communication in error, please destroy all pages and contact the sender or the Symphony Hospice Hotline at (818)478-8210.