



Referral Fax: 336-427-0744

Date: _____

Number of Pages (including cover sheet): _____

Faxed referrals will be acknowledged. If you do not receive a confirmation call within 24 hours, please call the Hospice office at 336-427-9022 (or 336-427-9028 after hours/weekends)

Service area includes: Rockingham County (Eden, Madison, Mayodan, Reidsville, Ruffin, Stokesdale, Stoneville, Wentworth) and areas surrounding Rockingham County (Browns Summit, Danbury, Oak Ridge, Pelham, Pine Hall, Providence, Sandy Ridge, Stokesdale, Summerfield, Walnut Cove, Yanceyville)

Patient is being referred for: ___ Hospice care at home ___ Hospice Home (inpatient care)
 ___ Hospice in Skilled Facility ___ Other _____

Please print legibly

Name of person completing this form: _____ Phone #: _____

Patient Name: _____

Primary Diagnosis (required): _____

If diagnosis is cancer:

___ Is the patient currently receiving chemotherapy (IV or oral)? -or- ___ currently receiving radiation treatments?

___ Are there any plans in the future for palliative chemo or radiation?

If the answer is "yes" to any of the above questions, what symptom(s) is/are being treated/palliated? _____

Referring Facility Name: _____

Referring Facility Phone #: _____ Facility Fax #: _____

Primary Physician: _____ PCP Phone #: _____

PLEASE FAX THE FOLLOWING INFORMATION:

- Physician order for Hospice consultation
- H & P/ FL2 / Hospital discharge summary (NH progress notes, weight, height, etc.)
- Demographic sheet/Face sheet (include name, address, DOB, SSN, insurance information, responsible party or contact person, phone numbers, & DME requirements)
- Medication list