



Referral Fax 919-828-9514

For questions call Access Department: 919-828-0890

Date: _____

Number of Pages to follow: _____

**Please call our Access Department
if you do not receive a call within 24 hrs.**

Name of person completing this referral: _____

Patient: _____ Primary Diagnosis: _____
Required

Facility Name (print): _____

Facility Telephone: _____ Facility Fax: _____

Physician's name: _____

FAX IN:

- This sheet signed by physician
- H&P / FL2 / Hospital discharge summary
- Demographic Sheet / Face Sheet (include DOB, SS#, insurance information, responsible party)
- Medication list

Hospice Evaluation - Transitions HospiceCare
(please check box)

Physician Signature

Date

Certification of Terminal Illness (on reverse) can be signed by physician and faxed along with this referral **or** faxed after the evaluation.



TransitionsSM
HospiceCare

Founded as Hospice of Wake County • 1979

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TRANSITIONSLIFECARE.ORG

PLEASE FAX TO 919-828-9514

ATTENDING PHYSICIAN'S ORDER FOR HOSPICE SERVICE AND CERTIFICATION OF TERMINAL ILLNESS

Date: _____

Patient Name: _____ I.D. # _____
 LAST FIRST MI

Physician Name: _____

- I will continue to serve as this patient's attending physician.
If I am unavailable, I give permission for orders for this patient to be obtained from a Transitions HospiceCare physician/NP or an alternate physician/NP in my practice.
- I would like a Transitions HospiceCare physician/NP to serve as the patient's attending physician. **(not applicable for patients who reside in Skilled Nursing Facilities)**

A Transitions HospiceCare nurse or physician may release the body to a funeral home or crematorium at the time of death.

I certify to the best of my medical knowledge that this patient is terminally ill with a life expectancy of six (6) months or less if the terminal illness runs its normal course. I understand that Medicare requires that physician employees of Transitions HospiceCare may write orders for this patient to address unmet general medical needs.

Physician: _____ Date: _____
 SIGNATURE