Transitions® HomeHealth
Formerly Horizons Home Care

# REFERRAL

Transitions® PalliativeCare
Formerly Horizons Palliative Care

## Referral Fax 919-828-9514

Date: _____

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

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: _____

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☐ Order for Consultation for **Transitions PalliativeCare**

Please check all boxes that apply.

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

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

MD order is needed for HomeHealth (Medicare COP §484.18) Medicare will not accept orders from PAs or NPs for Home Health services.

*Physician Signature: _____ _____

Signature required Date

No stamped signatures or dates.

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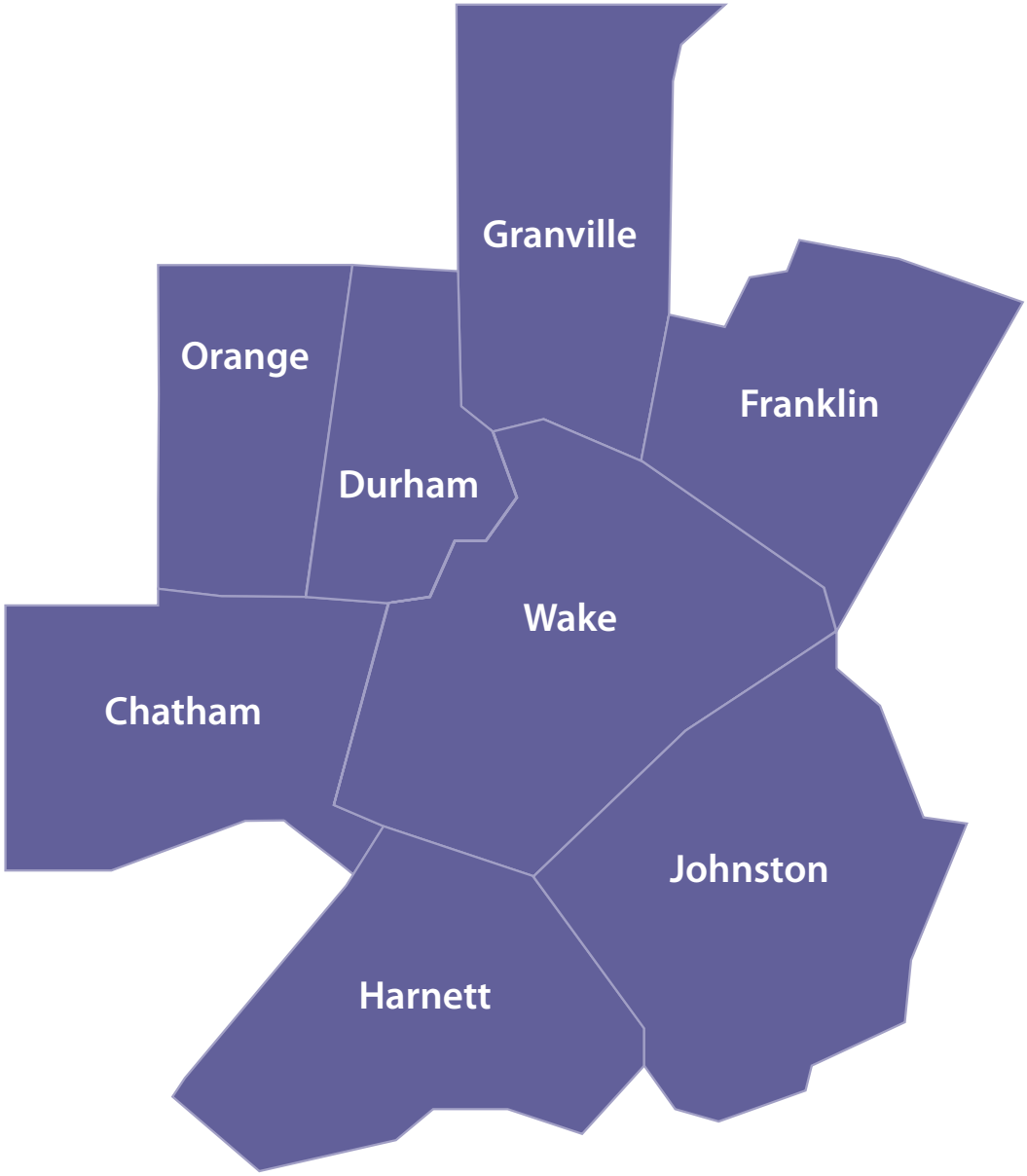
# Coverage Area For Care




Transitions® LifeCare

Founded as Hospice of Wake County • 1979

919.828.0890
Referral Fax: 919.828.9514

transitionslifecare.org