HOSPICE HOUSE REFERRAL INFORMATION

****TOP LINE & BOTTOM LINES IN GREEN TO BE COMPLETED BY HOSPICE HOUSE STAFF ONLY**CONFIDENTIAL****

Upon completion: fax to Hospice House Clinical Director, Heidi Crocker: 757-253-2599 or email to: clinicalservices@williamsburghospice.org

4445 Powhatan Parkway, Williamsburg VA 23188 telephone: 757-253-1220 fax: 757-253-2599

HH INFO	GUEST NAME (First, Last):	ADMIT DATE:	ROOM #:		FILE #:
REFERRAL INFO	REFERRAL DATE:	REFERRAL SOURCE (Name):	REFERRAL SOURCE PHONE:		REFERRAL SOURCE FAX:
	DISCHARGE FACILITY NAME:		REFERRAL SOURCE EMAIL:		
DEMOGRAPHIC INFORMATION	PATIENT NAME: (Last, First MI)	PATIENT DOB:	PATIENT AGE:		PATIENT GENDER:
	PATIENT SS#:	PATIENT RACE:	PATIENT HOME PHONE:		PATIENT CELL PHONE:
	PATIENT ADDRESS: (Street)	CITY:	STATE:	ZIP:	COUNTY:
	NOK/POA: (Name: First & Last)	NOK/POA PHONE:	NOK ADDRESS:		STATE: / ZIP:
	SECOND CONTACT/NOK:	PHONE:	ADDRESS:		STATE: / ZIP:
	NOK/POA EMAIL:		SECOND CONTACT/NOK EMAIL:		
CLINICAL INFORMATION	DIAGNOSIS:	PATIENT HEIGHT & WEIGHT	IS PATIENT A US VETERAN?		SPIRITUAL AFFILIATION:
	PHYSICIAN:	PHYSICIAN PHONE:	HOSPICE PROVIDER:		HOSPICE AGENCY PHONE:
	PATIENT ALLERGIES (List):				
	CURRENT COMPLICATIONS:	PLEASE DESCRIBE:			
	DOES THE PATIENT HAVE WOUNDS?	IF YES, PLEASE DESCRIBE:			
	DOES THE PATIENT HAVE ANY INFECTIONS?	IF YES, PLEASE DESCRIBE:			
	DOES THE PATIENT HAVE ANY BROKEN BONES/FRACTURES?	IF YES, PLEASE DESCRIBE:			
	DOES THE PATIENT HAVE AN NG TUBE OR PEG TUBE?	DOES THE PATIENT HAVE OR NEED O2?	DOES THE PATIENT HAVE A DNR?		PREFERRED FUNERAL HOME:
HOSPICE HOUSE CLINICIAN ASSESSMENT	REFERRAL MEETS DISEASE SPECIFIC INDICATORS FOR ADMISSION:				
	DISEASE INDICATORS MET: Check all that apply.	☐ ACUTE STROKE/COMA ☐ AMYOTROPHIC LATERAL SCLEROSIS ☐ CANCER ☐ CHRONIC STROKE/COMA	☐ DEMENTIA ☐ HEART DISEASE ☐ HIV ☐ LIVER DISEASE		☐ PULMONARY DISEASE ☐ RENAL DISEASE
	REASON(S) REFERRAL DOES NOT QUALIFY FOR ADMISSION:				
	DATE BED OFFERED TO PATIENT:	DATE PATIENT ADMITTED TO HH:	REASON(S) REFERRAL WAS NOT ADMITTED:		
	DOD:	TIME:	PRONOUNCING RN:		