Hospice Referral Form

Please fax with the current medication list.
Our triage staff will call you to confirm receipt of referral.

Visiting Nurse Hospice -2180 Empire Blvd. · Webster, NY 14580 · p: 585-787-8315 f: 585-787-9728
Ontario-Yates Hospice -756 Pre-emption Rd. · Geneva. NY 14456 · p: 1-800-253-4439 f: 315-789-7042

Referring Physician:______________________________ Start of Care date requested:______________

Phone:________________ Contact Person:____

Patient Name:____

Address:____ Zip Code______________________

Phone:________________ DOB:____________ Social Security #:________________________

Insurance Type/Number:____

Does patient live alone? YES/NO Does another person need to be present during initial evaluation visit? NO/YES

Contact name:__________________________________ Phone:________________________

Terminal diagnosis(es) for which hospice is being ordered:________________________________

____

Pertinent medical/surgical history that clarifies appropriateness for hospice: ___________________

____

Allergies:____

Pertinent social history:____

____

Other pertinent medical information:

Prognosis: ❑ 6 mo. ❑ 3 mo. Other____

Health Care Proxy completed: ❑Yes ❑No If No, explain____________________________

If Yes, Name:____________________ Relationship______________ Phone:________________

DNR completed: ❑Yes ❑No If No, explain____

Other services requested (circle): Equipment Signature Care Services Meals On Wheels

CONFIDENTIALITY NOTICE

The documents accompanying this fax transmission contain confidential information belonging to the sender, which is legally privileged. This information is intended for the use of the individual or entity named above. If you are not the intended recipient, you are hereby notified that any disclosure, copying, distribution or use of the contents of this faxed information for any purpose whatsoever is strictly prohibited. If you have received this faxed material in error, please notify us at the above telephone IMMEDIATELY to arrange for the return or destruction of the faxed documents.

Confidential Information -- Intended For Use of Addressee Only

This information has been disclosed to you from confidential records, which are protected by New York State law and HIPAA regulations. These laws and regulations prohibit you from making any further disclosure of this information without the specific written consent of the person to whom it pertains, or as otherwise permitted by law. A general authorization for the release of medical or other information is not sufficient authorization for further disclosure of information, which is protected by New York State Public Health Law, Article 27-F or Title 42 of the Code of Federal Regulations. Any unauthorized further disclosure in violation of State law may result in a fine or jail sentence or both.