Referral Indicator Form

Please complete and FAX this form to 901.560.3601. A hospice intake coordinator will follow up.

Date: ______________ Referral Contact Name: _________________________________

Patient: ____ DOB: ___________ SSN: ______________

Address: _____________________________________ City: ________________ State: _______ Zip: _________

Physician: ____ Phone: ____________________

DIAGNOSIS TO SUPPORT HOSPICE OR PALLIATIVE CARE

- ☐ Stroke/CVA
- ☐ Heart Disease - CHF, CAD
- ☐ Lung Disease - COPD
- ☐ Alzheimer's Disease
- ☐ Dementia
- ☐ Autoimmune Disorders
- ☐ HIV/AIDS
- ☐ Kidney Disease - Dialysis/ Renal Failure
- ☐ Liver Disease
- ☐ Cancer
- ☐ New Complex Diagnosis
- ☐ Parkinson's Disease
- ☐ ALS (Amyotrophic Lateral Sclerosis)
- ☐ Other

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SYMPTOMS TO SUPPORT

- ☐ Frequent Falls
- ☐ Frequent ER Visits
- ☐ Uncontrolled Pain
- ☐ Depression/Confusion
- ☐ Uncontrolled Blood Pressure
- ☐ Nausea, Vomiting, Reduced Desire to Eat
- ☐ Difficulty Performing Daily Tasks
- ☐ Rapid Decline in Health in Past 6 Months
- ☐ Symptom & Med Management for New DX

ORDERS

Please include the following:

- Patient Face Sheet
- Labs
- History & Physical
- Discharge Summary
- Medicare/Medicaid/Commercial Insurance Card
- Pathology Reports

☐ Evaluate and admit into Hospice if appropriate.

☐ Evaluate and admit into Palliative if appropriate.

Physicians: Please sign to authorize Unity Hospice Care to evaluate and admit the patient, if eligible for Hospice or Pallliative.

Physician Signature: ____ Date: __________________

Physician Name (Print): ____ Phone: _________________

Hospice Diagnosis

The following is a list of commonly used hospice diagnosis. There are many diagnosis that are appropriate as a primary hospice diagnosis. If your patient has declined and has a prognosis of ≤6 month life expectancy if illness continues normal course, please send history and physical with order for evaluation for hospice services.

Cancer

Alzheimer's Disease and Related Disorders

- Alzheimer's
- Dementia with Lewy Bodies

Heart Disease

- Coronary Heart Disease
- Congestive Heart Failure
- Hypertensive Heart Disease
- Ischemic Heart Disease
- Atrial Fibrillation
- Other Cardiovascular Disease w/prognosis ≤ 6 months life expectancy.

HIV/AIDS

Liver Disease

- Hepatic Failure
- Cirrhosis of the Liver

Pulmonary Disease

- Pulmonary Fibrosis
- Respiratory Failure
- Chronic Obstructive Pulmonary Disease
- Other Pulmonary Disease w/prognosis ≤ 6 months life expectancy.

Renal Disease

- End Stage Renal Disease
- Other Diseases of the Kidney w/prognosis ≤ 6 months life expectancy.

Neurological Disorders

- Cerebral Infarction
- Parkinson's Disease
- Chronic Degenerative Disorders
- Muscular Dystrophy
- Multiple Sclerosis
- Amyotrophic Lateral Sclerosis (ALS)

For More Information on Services Available in Your Area

ARKANSAS:

- Marion: 870.735.2824 Fax: 870.735.2584
- Blytheville: 870.838.8163 Fax: 870.838.8178

MISSISSIPPI:

- Olive Branch: 662.893.5662 Fax: 662.893.5664
- Tupelo: 662.205.4517 Fax: 662.205.4796

TENNESSEE:

- Collierville: 901.560.3600 Fax: 901.560.3601
- Lawrenceburg: 931.244.6722 Fax: 931.244.6724
- Lexington: 731.968.0842 Fax: 731.968.8009
- Linden: 931.589.2010 Fax: 931.589.2060
- Savannah: 731.438.3880 Fax: 731.438.3882
- Waverly: 931.622.9022 Fax: 931.622.9451

Office: 901.560.3601 Fax: 901.560.3601

visit us at: www.hospiceofhopetn.com

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