

HEALTH FIRST HOME CARE REFERRAL SHEET

Merritt Island Office

Phone: 321-434-5909

Fax : 321-453-4709

Melbourne Office

Phone: 321-434-7300

Fax : 321-676-5824

Patient Name: _____

Last

First

MI

Address: _____

City: _____ FL _____

Emergency Contact: _____

Most recently hospitalized: ___/___/___ thru ___/___/___

Insurance Type: _____

ID Number: _____

Patient's SSN: _____

Name of person calling referral: _____

Primary Physician: _____

Secondary Physician: _____

Principal Diagnosis: _____

Secondary Diagnosis and Surgical Procedures:

Allergies: _____

Diet: _____

Discipline and Treatment Orders:

- Skilled Nursing
- Psychiatric Nursing
- Home Health Aid
- Physical Therapy
- Occupational Therapy
- Speech/Language Pathology
- Medical Social Worker

DME called to: _____

Pharmacy Arrangements called to: _____

Does Patient meet the criteria for Home Care? Homebound Good rehabilitative potential

Acute medical problems or exacerbation of conditions requiring assessment of a skilled nurse

Copy of medications received: Yes No

Orders read back: Signature _____

Date: _____