AT-HOME
HEALTH CARE, INC.
620-341-9350
Because AT-HOME is where you want to be.

FAX REFERRAL TO 620.341.9375

To	**INTAKE TEAM**	Person Sending Referral	
Phone	620.341.9350	Fax #	
Fax	620.341.9375	Phone	

Patient Name _____ DOB _____

Diagnosis/Skilled Need _____ Insurance _____

Orders—

☐ **Home Health** Check all that apply

- ☐ **Nursing**
- ☐ **Physical Therapy**
- ☐ **Occupational Therapy**
- ☐ **Speech Therapy**
- ☐ **Social Work**
- ☐ **Home Health Aide**
- ☐ **Infusion**
- ☐ **Dietitian**

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☐ **Help At Home**

Please fax the following documents with this referral

☐**Demographic/Face Sheet** ☐**Medication list** ☐**History & Physical** ☐**MD visit note (most recent)**

Comments or Special Instructions

Needs Identified:

- ☐ Medication Management/Safety (RN)
- ☐ Strength/Mobility (PT)
- ☐ Home Safety Assessment (OT)
- ☐ For Long Term Planning/Placement (SW)
- ☐ Other _____

Physician Name _____

Physician Signature _____ Date _____

Direct further orders to (PCP)_____ **MD to sign F2F** _____