



# Asian Network Pacific Home Care & Hospice Referral Form

212 9<sup>th</sup> Street Suite #205, Oakland, CA 94607

www.anphc.com

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| <b>Oakland</b><br>Tel: (510) 268-1118<br>Fax: (510) 268-9905 | <b>Oakland Outpatient</b><br>Tel: (510) 268-0222<br>Fax: (510) 268-0111 | <b>San Francisco</b><br>Tel: (415) 345-9797<br>Fax: (415) 345-9696 | <b>San Jose</b><br>Tel: (408) 272-8882<br>Fax: (408) 272-8993 |
|--|---|--|---|

Date: \_\_\_\_\_ From: \_\_\_\_\_ Phone: \_\_\_\_\_

**Patient's Name:** \_\_\_\_\_ **Phone:** \_\_\_\_\_

Patient's Address: \_\_\_\_\_

**DOB:** \_\_\_\_\_ Gender: M /F SSN: \_\_\_\_\_

Family Contact Named & Phone#: \_\_\_\_\_

Insurance Coverage:

**Medicare:** \_\_\_\_\_  **Medi-Cal:** \_\_\_\_\_  **HMO:** \_\_\_\_\_

Diagnosis: \_\_\_\_\_

Medications:  See attached fax \_\_\_\_\_

Allergies: \_\_\_\_\_

Specific Treatment if any: \_\_\_\_\_

### PHYSICIAN CERTIFICATION OF FACE-TO-FACE ENCOUNTER (for Medicare Home Health only)

**Date Patient Seen:** \_\_\_\_\_ **Medical Condition which relates to Home Health referral:** \_\_\_\_\_

**Clinical Findings for supporting reason for Home Health Services, skilled nursing and /or therapy care:** \_\_\_\_\_

**Homebound Status justification based on medical condition:** \_\_\_\_\_

**Certifying Physician Signature:** \_\_\_\_\_ **Patient's Name:** \_\_\_\_\_

**Print Physician Name:** \_\_\_\_\_ **Date:** \_\_\_\_\_

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| <b><u>Home Health</u></b>  |
| <input type="checkbox"/> Registered Nurse<br><input type="checkbox"/> Physical Therapy<br><input type="checkbox"/> Occupational Therapy<br><input type="checkbox"/> Speech Therapy<br><input type="checkbox"/> Medical Social Worker<br><input type="checkbox"/> Home Health Aide<br><input type="checkbox"/> Congestive Heart Failure (CHF Program) |
| <input type="checkbox"/> Transitional Care (For hospital admission & discharge)  |

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| <b><u>Hospice</u></b>  |
| <input type="checkbox"/> Registered Nurse<br><input type="checkbox"/> Medical Social Worker<br><input type="checkbox"/> Home Health Aide<br><input type="checkbox"/> Standing Orders |
| <input type="checkbox"/> Transitional Care (For hospital admission & discharge)<br><input type="checkbox"/> Other: _____   |

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| <b><u>Outpatient Rehabilitation</u></b>  |
| Phone: (510) 268-0222<br>Fax: (510) 268-0111<br>(821 Harrison St. Oakland)                 |
| <input type="checkbox"/> Physical Therapy<br><input type="checkbox"/> Occupational Therapy |