Nineveh Hospice Physician Referral Form

Fax Referral to: 314-582-3500 | **Intake/Main Phone #:** 314-582-1500

Date of Referral: _____

Referring Provider Information

- **Referring Physician Name:** _____
- **Practice Name:** _____
- **Office Contact Person:** _____
- **Phone:** _____ **Fax:** _____
- **NPI #:** _____

Referral Order:

- ☐ Hospice Admission Referral (Hospice Eval & Treat)
- ☐ Hospice Evaluation Only (Info Visit Only)
- ☐ Consult with Family/Caregiver Only (No patient contact)

Attending Physician Preference:

- ☐ I agree to serve as the **Attending Physician** for hospice purposes
- ☐ I **decline** to serve as the Attending Physician; please assign hospice medical director

Physician Signature (if applicable): _____

(or attach separate signed Referral Order)

Patient Information: (include any details not included on or that supersede face sheet)

- **Patient Name:** _____
- **Date of Birth:** _____ **Gender:** ☐ M ☐ F ☐ Other
- **Phone Number:** _____
- **Primary Contact/Representative:** _____
- **Phone:** _____ **Relationship:** _____
- **Primary Language:** _____ **Interpreter Needed:** ☐ Yes ☐ No
- **Patient Address:** _____

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Clinical Information

- **Primary Diagnosis (Hospice-related):** _____
- **Secondary Diagnoses/Conditions:** _____

- **Recent Functional Changes or Decline:** (Check all that apply)
  ☐ Weight Loss ☐ Recurrent Infections ☐ Increased Hospitalizations
  ☐ Decreased ADLs ☐ Progressive Disease ☐ Poor Prognosis
  ☐ Frequent Falls ☐ Swallowing Difficulties ☐ Increased Caregiver Burden
- **Prognosis:**
  ☐ Less than 6 months if disease follows its normal course
  ☐ Uncertain – please evaluate
- **Recent Hospitalizations or Facility Stays:**
  ☐ None
  ☐ Yes – Location/Date(s): _____
- **Current Location:**
  ☐ Home ☐ ALF ☐ SNF/Nursing Facility ☐ Hospital (Name): _____

Documentation Checklist

Please include the following documentation:

- ☐ **Patient Face Sheet or Demographic Sheet**
- ☐ **Insurance Card / Information**
- ☐ **History & Physical (or recent clinical notes)**
- ☐ **Recent labs and/or scans (as available)**
- ☐ **Current Medication List**

Submit via:

- **Fax:** 314-582-3500
- **Intake/Main Phone #:** 314-582-1500

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