



Referral for Hospice Services

FAX TO (706) 277 – 7443 WITH YOUR COVER SHEET

If you have a patient who might benefit from hospice services, please complete and return this form. A hospice representative will follow up promptly. Results of all hospice consultations or referrals are communicated with the referring physician. Please call (706) 278 – 2848 if any questions.

Please provide the following information (or attach copy of demographic sheet/ insurance card)	
Demographics	Referral Source
Patient Name: _____	Attending MD _____
Date of Birth: _____ <input type="checkbox"/> M <input type="checkbox"/> F	Phone: _____
SS# _____	Contact for Referral: _____
Address: _____	Phone: _____
City: _____, GA ZIP: _____	
Phone(s): _____	
Alternate Contacts/ Phone(s): _____	
Terminal Diagnosis _____	

Insurance
Health Insurance (Provide ID Number)
<input type="checkbox"/> Medicare _____
<input type="checkbox"/> Medicaid _____
<input type="checkbox"/> Other _____

Supporting Documentation: If you have the following supporting documentation, please attach to fax

History and physical Pathology reports Lab reports Last visit note Discharge summary

Additional information/ comments: _____

For physicians: Please sign here to authorize Lincoln Medical Home Health and Hospice to evaluate and admit the patient if eligible.

Physician Signature _____ Date _____

Physician Printed Name _____

Physician intends to remain patient's attending physician for hospice services. Responsibilities include:

- Review and co-sign the Certification of Terminal Illness.
- Review and/or amend and sign the hospice admission orders (must be signed and dated within 48 hours of admission).
- Sign and date all verbal orders obtained throughout the course of treatment.
- Review and co-sign patient's hospice initial medical care plan and all recertification plans of care developed by the Interdisciplinary Team.
- Receive and review updated plans of care every two weeks.
- Participate in telephone consultations with LMHHH staff if there are changes in condition or needed changes to the plan of care (LMHHH will need a copy of your call/ weekend schedule to know when you will be available).

Physician would prefer for Hospice Medical Director to assume role of attending physician for patient. Hospice will notify the patient's physician at time of death or discharge.

THANK YOU FOR THE OPPORTUNITY TO CARE FOR YOUR PATIENT!