

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: M F	Phone:
SS#	Contact for Referral:
Address:	Phone:
City:, GA ZIP:	Insurance
Phone(s):	Health Insurance (Provide ID Number)
Alternate Contacts/ Phone(s):	☐ Medicare
	☐ Medicaid
Terminal Diagnosis	☐ Other
Supporting Documentation: If you have the following:	Learning 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 Hamilton Medical Center Hospice to evaluate and admit the patient if eligible.	
Physician Signature	
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 Hamilton Hospice staff if there are changes in condition or needed changes to the plan of care (Hamilton Hospice 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.	