Hamilton Hospice

HOSPICE REFERRAL

Fax to Hamilton Hospice at 706-277-7443 with your cover sheet.

If you have a patient who could 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 with any questions.

PATIENT NAME: _____ GENDER: ☐ M ☐ F DATE OF BIRTH: _____

PATIENT'S ADDRESS: _____ CITY: _____ STATE: _____ ZIP: _____

HOSPICE DIAGNOSIS: _____ PATIENT'S PHONE NUMBER: _____

ATTENDING PHYSICIAN: _____

REFERRAL CONTACT NAME: _____ REFERRAL CONTACT NUMBER: _____

If faxed, please send supporting documents including:

- History and Physical
- Patient Face Sheet (Demographics)
- Pathology Reports
- Discharge Summary
- Last Visit Note
- Labs
- Insurance Card

☐ EVALUATE AND ADMIT TO HOSPICE

Please choose one:

☐ Hospice medical director to assume care of the patient.

☐ Dr. _____ will remain attending physician.

☐ Dr. _____ will remain attending physician with hospice medical director to assist with signs & symptoms management.

For physicians: please sign here to authorize us to evaluate and admit patient, if eligible.

PHYSICIAN SIGNATURE: _____ DATE: _____

PHYSICIAN NAME (PRINT): _____

Thank you for the opportunity to care for your patient.

Phone 706.278.2848
Fax 706.277.7443
HamiltonHealth.com/hospice