

PATIENT REFERRAL FORM



INSTRUCTIONS

Thank you for choosing Lawrence Homecare of Westchester (*Certified home health agency*) or Jansen Hospice and Palliative Care. In the spaces below, indicate patient and physician information. To process the patient's referral efficiently please utilize the checklist below and forward all the necessary documentation in one batch via email or fax.

Referral to:

Lawrence Homecare of Westchester
Fax: 914-725-6384

Jansen Hospice and Palliative Care
Fax: 914-725-6381

PRACTICE/PROVIDER INFORMATION

Provider Name	Street Address, City, State, zip code
Telephone	Fax
Office Email Address	NPI Number & License Number

PATIENT AND CAREGIVER INFORMATION

Patient Legal Name	Street Address, City, State, zip code
Date of Birth	Insurance Information
Email Address	Telephone number
Caregiver Name	Caregiver telephone number

PATIENT DIAGNOSIS

Primary Diagnosis	Secondary diagnosis
Reason for referral	

DOCUMENT CHECKLIST

- Patient's Face sheet (*which includes insurance information*)
- MD Order indicating "*patient referred for homecare for skilled services such as (RN,PT,OT,ST,MSW)*" (**Homecare only**)
- Attached Certificate of Terminal Illness (CTI) signed and completed (**Hospice only**)
- Patient's most recent provider note and past medical history
- Patients current med list
- Attached Face to Face completed (**Homecare only**)

Send documents either by fax or email to:

Jansen Hospice and Palliative Care Fax: 914-725-6381 dob9057@nyp.org; pec9047@nyp.org

Lawrence Homecare of Westchester Fax: 914-725-6384 def9064@nyp.org; brm9213@nyp.org