



Please print clearly. Attach the signed order, recent visit notes or H&P, medication list, and a copy of the insurance card (front and back). Our care coordinator verifies insurance, requests any prior authorization, and calls you within one business day.

Date sent _____

Priority: ☐ Routine ☐ Urgent - needs prompt attention**1. REFERRAL SOURCE**

Your name _____

Organization / practice _____

Phone _____

Fax _____

Email _____

Source: ☐ Physician / NP / PA office ☐ Hospital / discharge planner ☐ SNF / rehab ☐ Case manager ☐ Social worker
☐ Family / caregiver ☐ Patient ☐ Other

2. SERVICES REQUESTED

Services: ☐ Medication management and teaching ☐ Injections (IM / subcutaneous) ☐ Diabetes management
☐ Heart failure / COPD monitoring ☐ Catheter care ☐ Ostomy care ☐ Tube feeding care ☐ Post-surgical care ☐ Lab draw
☐ Other

Requested visit frequency, if ordered (e.g. 2 visits a week for 4 weeks) _____

Orders or details (medications, injection orders, labs to draw, catheter size, etc.) _____

_____**3. PATIENT**

Last name _____

First name _____

Date of birth _____

Phone _____

Sex (as listed on insurance): ☐ Female ☐ Male ☐ X / unspecified

Street address _____

Apt / suite _____

City _____

ZIP _____

County: ☐ King ☐ Snohomish ☐ Pierce ☐ Kitsap ☐ Other: _____

Preferred language _____

Caregiver / emergency contact (name and phone) _____
_____**4. INSURANCE (ATTACH A COPY OF THE CARD, FRONT AND BACK)**

Primary insurance plan _____

Member ID _____

Group # _____

Subscriber name (if not the patient) _____

Subscriber date of birth _____

Relationship to patient _____

Secondary insurance (if any) _____

Secondary member ID _____
_____**5. ORDERING PROVIDER**

Provider name _____

NPI _____

Date provider last saw the patient _____



Practice phone

Practice fax

Practice address

Signed order: ☐ Attached ☐ Please request it from the provider**6. CLINICAL INFORMATION**

Primary diagnosis

ICD-10 code(s)

Hospital / facility discharge date (recent or expected)

Hospital / facility name

Homebound? ☐ Yes - leaving home takes considerable effort ☐ No ☐ Not sure

Why is leaving home hard? (e.g. needs walker and help of 1 person; short of breath after 20 feet)

Getting home health from another agency now? ☐ Yes ☐ No ☐ Not sure

Allergies

Code status: ☐ Full code ☐ DNR / POLST on file ☐ Unknown

Clinical notes - anything our clinician should know before the first visit

7. WHEN IS CARE NEEDED?

Earliest start date

Preferred visit days / times

8. DOCUMENTS ATTACHED☐ Signed order ☐ Recent visit notes or H&P ☐ Discharge summary ☐ Medication list ☐ Insurance card

Referring person signature

Date