



LANGDALE HOSPICE HOUSE
PALLIATIVE HOME-CARE

Patient Referral Fax Cover

Please fill out requested information, and fax this sheet with records to

Hospice: 229-433-7030 Palliative Home-Care: 229-433-7003

Referrals can also be taken over the phone:

Hospice: 229-433-7000

Palliative Home-Care: 229-433-7037

Circle One: This referral is for **Hospice** **Palliative Care**

Referred by (company/contact person) _____

Your Phone: _____ Fax: _____

Patient Name: _____ DOB: _____

Patient Phone: _____ Insurance: _____

Primary Physician: _____

Chronic/Terminal Dx: _____

Other Physicians/agencies involved in patient's care? _____

Does patient/caregiver know of this referral? _____

RECORDS NEEDED– please fax along with this information sheet:

- ◆ Patient demographics (SSN, address, etc.)
- ◆ Primary physician dictations, labs, radiology, tests, etc. from the last 6 months.
- ◆ Any supporting documentation for patient's chronic or terminal diagnosis