



**REFERRAL FAX: 336.889.3450**

Referral Department Phone: 336.889.8446

Date: \_\_\_\_\_

Number of pages (including cover sheet): \_\_\_\_\_

**Fax referrals accepted Monday through Friday, 8 a.m. to 5 p.m.**

*For referrals after normal business hours or on the weekends,  
please call 336.889.8446. A nurse will call back within 30 minutes.*

*Fax referrals will be acknowledged. If you do not receive a call within 24 hours,  
call our referral department at 336.889.8446.*

Patient is being referred for:  Hospice Care at Home       Hospice in Long Term Care  
 Other

*Please Print Legibly*

Name of person completing this referral: \_\_\_\_\_

Patient Name: \_\_\_\_\_

Primary Diagnosis: \_\_\_\_\_  
(REQUIRED)

Facility Name: \_\_\_\_\_

Facility Phone: \_\_\_\_\_ Facility Fax: \_\_\_\_\_

Is patient using Medicare? \_\_\_\_\_ Skilled days? \_\_\_\_\_ Date skilled days ENP: \_\_\_\_\_

Using skilled days for: \_\_\_\_\_ Physician: \_\_\_\_\_

**FAX IN:**

- Physician order for Hospice consultation
- H&P / FL2 / Hospital discharge summary (NH progress notes, weight, height, etc.)
- Demographic sheet / Face sheet (include DOB, SS#, insurance information, responsible party)
- Medication list

**Please call 889.8446 to confirm referral was received.**