



REFERRAL FAX: 336.889.3450

Referral Department Phone: 336.889.8446

Date: _____

Number of pages (including cover sheet): _____

Referrals accepted 7 days a week

Fax referrals accepted during normal business hours (Monday - Friday 8 a.m. to 5 p.m.).

For weekend referrals, please call 336.906.3637.

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 Facility
 Other _____

Please Print Legibly

Name of person completing this referral: _____

Patient Name: _____

Primary Diagnosis: _____
(REQUIRED)

Primary contact for patient: _____ Phone: _____

Facility Name: _____

Is patient using Medicare skilled days? _____ Date of last skilled day: _____

Patient using skilled days for: _____

Please include:

- 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 336.889.8446 to confirm referral was received.

Hospice of the Piedmont
1801 Westchester Drive, High Point, NC 27262 | 336.889.8446 | F: 336.889.3450