Piedmont Palliative Care Services

a program of Hospice of the Piedmont

REFERRAL FAX: 336.889.3450

Referral Department Phone: 336.889.8446

Date: _____

Number of pages (including cover sheet): _____

NO CALL REQUIRED.
Please fax this sheet, along with H&P and demographic sheet for this order.

Please Print Legibly

Name of person completing this referral: _____

Patient Name: _____

Primary Diagnosis: _____
(Required)

Physician Name: _____

Physician Phone: _____ Physician Fax: _____

❑ **Order for Consultation by Piedmont Palliative Care Services.** Please check all boxes that apply:

- ❑ Pain and symptom management
- ❑ Determine goals of care for patient and family
- ❑ End of life decision making
- ❑ Patient and family support
- ❑ Other: _____

❑ Fax Palliative Care order on chart

What are your concerns about this patient?

_____

_____

_____

Hospice of the Piedmont, 1801 Westchester Drive, High Point, NC 27262
336.889.8446 F: 336.889.3450
Forms available at www.hospiceofthepiedmont.org