Visiting Nurse Home Care & Hospice of Carroll County
PO Box 432 - North Conway NH 03860
Phone: (603) 356-7006 ♥ Fax: (603) 356-8134

PATIENT REFERRAL FORM

Please fax demographics and clinicals with this form to (603) 356-8134 and call our Intake Dept. at (603) 356-7006, option 2 to initiate services.
Thank you!

NAME_____ **REFERRAL DATE**_____

PHYSICAL ADDRESS:_____

MAILING ADDRESS:_____

HOME TELEPHONE:_____ **CELL:**_____ **OTHER:**_____

HEALTH INS ID #: ☐ Medicare (requires Face to Face Encounter form)_____

☐ Other:_____

HOMEBOUND STATUS: ☐ NO ☐ YES (If yes, please circle reason(s) below)

Medical Contraindication Supervision/Assistance Required Cognitive Impairment
Taxing Effort Special Supportive Devices/Transport

HOME SITUATION: ☐ Lives Alone ☐ Lives with Spouse ☐ Lives with Other Family Member

Comments:_____

DIAGNOSIS_____

REFERRING PHYSICIAN_____ **PCP**_____

PATIENT HISTORY OF CURRENT PROBLEM / SYMPTOMS OF CONCERN:_____

SPECIFIC SERVICES BEING ORDERED:

- ☐ Skilled Nursing_____
- ☐ Physical Therapy_____
- ☐ Occupational Therapy_____
- ☐ Speech Therapy_____
- ☐ Other_____

DATE TO BE SEEN_____ ***✶✶PLEASE ATTACH CURRENT MEDICATION LIST✶✶***

PHYSICIAN SIGNATURE:_____

***PLEASE NOTE*: ALL HOME CARE ORDERS MUST BE SIGNED BY A PHYSICIAN.**

ALSO, ALL MEDICARE PATIENTS REQUIRE A FACE TO FACE ENCOUNTER FORM SIGNED BY A PHYSICIAN.