FOCUS
HOME HEALTH CARE, INC.
5946 N. Milwaukee Avenue, 2nd Floor, Chicago, IL 60646-5424
Phone: (773) 775-7490; Fax: (773) 775-7493

REFERRAL SHEET

PATIENT'S INFORMATION

Medical Record #:	REFERRAL DATE														SOC :				
Last Name											First Name:								
Address:															Phone#:				
DOB				M		F	Age				Marital Status:		S		M		W		D
Religion							Language							Need Interpreter?		Yes		No	
Race:		American Indian/ Alaska Native			Asian			Black/ African American				Pacific Islander/ Native Hawaiian							
		Hispanic/ Latino			White			Unknown				Other:							
MEDICARE #:											Social Security #:								
MEDICAID #:											Case #:								
Face to Face Date with MD: (90 days before Home health)																			
Policy Number:											Group Number:								
Responsible Party											Relation:								
Cell Phone :											Work Phone :								

PHYSICIAN

Name:															NPI #:				
Office Address:																			
Office Tel. Number :											Fax Number :								

	MD Office		Hospital		Nursing Home		Transfer from another HHA										Other		
Name of Facility:																			
D/C Date From Facility :											Number of Days Stayed:								

DIAGNOSIS

DISCIPLINE(S) INVOLVED

Admitting RN/PT :																			
Follow – Up RN :																			
Physical Therapist:											Referred			Yes		No	Agency:		
Other Discipline:											Referred			Yes		No	Agency:		
X	ACCEPTED												DECLINED						
Comments:																			
ADDITIONAL CONTACT PERSON:																			
-																			
Face To Face DATE (90 days before admission) :																			
*PER DOCTOR PATIENT NEEDS:																			
ALLERGY: NKA																			