



A hospital case manager and/or social worker can submit a patient referral Monday-Friday 8AM-4PM and Saturday 11AM-5PM. We accept clients 8AM-6PM, seven days a week. Complete referral form and fax to **(877) 551-5580** along with face sheet, H&P and a list of current medication. Contact National Health Foundation at **(866) 643-7284** with any patient referral questions.

Referring hospital:

Attending physician:

Social worker:

PHONE

EMAIL

RN/Case manager:

PHONE

EMAIL

Patient:

FIRST NAME

LAST NAME

Medical Record Number:

Date of birth:

Gender identity: Male Female Trans man Trans woman Doesn't identify with a gender Other

Date admitted to hospital:

Anticipated discharge date:

Hospital admission Emergency room visit

Type of insurance:

Explain the medical reason for admission/visit:

Provide estimated length of stay at recuperative care center: _____ days

Any surgical procedures during this hospitalization? Y N If yes, describe _____

Any wounds? Y N If yes, please provide: Current wound care report Location and dimensions: _____

Is patient competent in wound care? Y N (and Home Health will be coordinated) Other: _____

Home Health: (check): IV Antibiotics Physical therapy Wound care Other: _____

Mental illness? Bipolar Depression Schizophrenia Other: _____ On psychiatric medication? Y N

Substance abuse issues? Alcohol Cocaine Heroin Methamphetamine Other: _____

Independent with Activities of Daily Living (ADLs)? Y N If no, explain: _____
(Does not require skilled nursing facility)

Communicable disease? Y N If yes, explain: _____
(Patient will have roommate)

Assistive device needed? Y N If yes, please check: Walker Cane Crutches Wheelchair Other: _____

Continent of bowel and bladder? Y N Colostomy care? Y N Catheter? Y N

Self-administer medications? Y N If no, explain: _____

Diabetic? Y N Requires insulin Oral meds

Explain any "limitations" or "behavioral" challenges: Cognitive impairment Poor historian Incarceration probation

Other: _____