

## ASERACARE HOSPICE FAX REFERRAL

If you have a patient in need of hospice services, please complete this form and **FAX TO 800-892-1226**



### PATIENT INFORMATION

NAME		GENDER (check)	Male <input type="checkbox"/> Female <input type="checkbox"/>
PHONE		DIAGNOSIS	
ADDRESS		PRIMARY INSURANCE	
CITY		INSURANCE POLICY #	
ST, ZIP		COUNTY	

### REFERRAL INFORMATION

REFERRAL CONTACT NAME	
REFERRAL CONTACT PHONE	
REFERRAL FACILITY	

### FAMILY INFORMATION

PRIMARY CONTACT NAME, RELATIONSHIP	
PRIMARY CONTACT PHONE	

### HOSPICE ORDERS

Has hospice been discussed with the patient or family?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Has hospice been ordered for the patient?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Will the AseraCare Hospice Medical Director assume care of the patient?	Yes <input type="checkbox"/> No <input type="checkbox"/>
If No, please name the Attending Physician:	
Are there any additional orders? If so, please list:	

**Please include the following documentation if available along with your fax cover sheet (check included items):**

Face Sheet  Discharge Summary  Insurance Card  History and Physical  Other

If you have any questions or need immediate assistance, please call **888-868-1957**. AseraCare Hospice offers 24/7 Intake and Admission services.