Unique Home Health Services, Inc.
"Serving You With Excellence"
Tel: (626) 577-7596 · Fax: (626) 577-7828

HOME CARE REFERRAL FACE SHEET

Sender's Name:_____

Patient Name: _____ DOB:_____ Age:____ Sex: M / F SS #:_____

Address: _____ City:_____ Zip:_____ Phone:_____

Primary Caregiver: _____ Relationship:_____ Phone:_____

Medicare #:_____ Medi-Cal #:_____ Insurance:_____

Diagnosis: _____

DISEASE MANAGEMENT PROGRAMS
- ☐ Cardiovascular
- ☐ Pulmonary
- ☐ Gastrointestinal
- ☐ Genitourinary / Foley Catheter
- ☐ Diabetes
- ☐ Wound/Ostomy
- ☐ Medication Management
- ☐ Labs:_____
- ☐ Other:_____

INFUSION THERAPY
- ☐ Hydration
- ☐ TPN
- ☐ Enteral Nutrition
- ☐ Pain Management
- ☐ PICC Line Management
- ☐ Porta Catheter Management
- ☐ Other: _____

SKILLED NURSING
- ☐ Evaluation & Skilled Interventions
- ☐ Patient/ Caregiver Instructions
- ☐ Monitor Response to New or Changed Medications
- ☐ Wound Care/ Decubitus Care
- ☐ Diet Counseling
- ☐ Foley catheter/ NG, G-tube Insertion
- ☐ Colostomy/ Ileostomy Management
- ☐ Trach Care & Instructions
- ☐ Disimpaction/ Enema
- ☐ Other: _____

☐ ***HOME HEALTH AIDE***

MEDICAL SOCIAL WORKER
- ☐ Psychosocial Evaluation Related to Patient's Illness
- ☐ Short-term Therapy to Coping with Illness Family Support
- ☐ Community Resource Planning and Placement
- ☐ Other: _____

PHYSICAL THERAPY
- ☐ Strength / ROM
- ☐ Home Safety
- ☐ Family Teaching
- ☐ Equipment Teaching
- ☐ Reason for Falls
- ☐ Mobility
- ☐ Other:_____

OCCUPATIONAL THERAPY
- ☐ ADL/Self Care
- ☐ Energy Conservation
- ☐ UE loss of Motion/ Coordination/ Sensation
- ☐ Home Safety
- ☐ Family Teaching
- ☐ Equipment Teaching
- ☐ Mobility
- ☐ Transfer techniques
- ☐ Other: _____

SPEECH THERAPY
- ☐ Speech Language Deficits
- ☐ Cognitive Deficits
- ☐ Swallowing Evaluation
- ☐ Other: _____

SPECIAL INSTRUCTIONS:	_____ _____

Referring Physician: _____ Phone:_____

Address: _____ City:_____ Zip:_____ Fax:_____

Start of care will take place within 24 to 48 hours after receipt, unless otherwise stated.
Thank you for your referral. We will call to confirm receipt.