



FAX: 435-652-1677

## PHYSICIAN REFERRAL - HOME HEALTH CARE

*Serving Utah Families For Nearly 20 Years*

*Please complete or include face sheet*

Patient's Name (Last, First, MI): \_\_\_\_\_

Male  Female

Address: \_\_\_\_\_

City: \_\_\_\_\_

Zip: \_\_\_\_\_

Phone: \_\_\_\_\_

Soc Sec #: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

*Please complete or include insurance cards*

Medicare #: \_\_\_\_\_

Medi-Cal #: \_\_\_\_\_

Private Ins: \_\_\_\_\_

ID #: \_\_\_\_\_

Group #: \_\_\_\_\_

Subscriber: \_\_\_\_\_

Start of Care Date: \_\_\_\_\_

Disciplines Requested:

RN

PT

OT

ST

MSW

Primary DX:	Secondary DX:
	Dates Immunization Given: or Reason not given
Surgies/Procedures and Dates:	Influenza:
	Pneumonia:

Medical Reason for Request: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Physician's Name: \_\_\_\_\_

Phone: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_

Zip: \_\_\_\_\_

NPI Number: \_\_\_\_\_

UPIN Number: \_\_\_\_\_

Physician's Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Have you enrolled with Medicare PECOS?  Yes  No

If not, this is now required for referrals to home health care. Please go to <https://pecos.cms.hhs.gov>.

**Please fax any other pertinent medical history such as history and physical, medication list, chart notes**

**Please call our office at 800-748-4667 and we would be happy to assist you.**