

Home-Based Palliative Care Referral-Adult

Please complete this form and return toll-free to:

Fax: (925) 829-0868

If uncertain of eligibility or if you have palliative care referral questions, please call the By the Bay Health Palliative Care Intake Line at (925) 829-8770, available Monday-Friday 8:30 a.m.-5:00 p.m.

PATIENT INFORMATION *(If information is on attached Face Sheet, feel free to write "see Face Sheet")*

Last Name: _____ First Name: _____ DOB: _____

Phone (home): _____ Mobile: _____

Address: _____ City: _____ Zip: _____

Place of Service: ☐ Home ☐ Facility _____ ☐ Other _____

Insurance: _____ Subscriber ID: _____

Surrogate Decision Maker Name (if applicable): _____

Phone Number: _____ Email Address: _____

Primary Care Provider Name: _____ Phone Number: _____

REASON FOR REFERRAL

- ☐ Symptom Management (chronic/persistent and requiring long-term management)

Please list symptoms: _____

- ☐ Assessment and/or discussion about hospice eligibility and transition planning

- ☐ Advance care planning (POLST and/or Advanced Directive completion)

- ☐ Goals of Care conversation facilitation

- ☐ Emotional/Social Challenges arising from the serious illness

- ☐ Complex care coordination & healthcare navigation support

- ☐ Other: _____

Primary Diagnosis:

- ☐ Cancer ☐ CHF ☐ COPD ☐ Liver Disease ☐ Renal Disease

- ☐ Advanced Dementia

- ☐ Other medical issue (specify): _____

REFERRAL INFORMATION

Person Making Referral: _____ Relationship to Patient: _____

Phone: _____ Email: _____

INSTRUCTIONS

Please include:

- ☐ Face Sheet/Demographics (include family contact)

- ☐ Recent History and Physical (and last MD visit note)

- ☐ Any pertinent consultation reports

- ☐ Copy of Payer/Insurance Card *(unless information is included on face sheet)*

The information contained in this facsimile/fax transmission is **privileged and confidential** and intended for the review and use of the specific addressee listed above. Federal regulations (42 C.F.R., Part 2) **PROHIBIT** you from making any further disclosure of it except as permitted by such law OR without the further specific written consent of the person to whom it pertains. If you are neither the intended recipient nor the employee/agent responsible for delivering this information to the intended recipient, you are hereby notified that any disclosure, copying, distributing or taking any action regarding this telecopied information is **STRICTLY PROHIBITED**. If you have received this fax copy in error, please notify us immediately by the telephone number listed above to arrange for the return/destruction of the documents.