



Compass Home Healthcare
Phone 308-316-4607 | Fax 308-320-7059
Contact@CompassHHC.com

Home Health Referral

Referral date: _____
We will see your patient within **48 hours** unless a specific start of care date is provided here: _____
Patient name: _____
Address: _____ City: _____ State: _____ ZIP: _____
Phone: _____ DOB: _____ Male Female
Alternate contact: _____ Contact #: _____ Relationship: _____
Payer: Medicare Insurance (insurance contact #): _____
Medicaid Yes No Other: _____
HIC/ID#: _____ Policy #: _____ Group #: _____
Referring Primary Care Provider: _____ Phone: _____
Referring facility: _____
Primary Care Provider for home health orders: _____ Phone: _____
Diagnoses: _____

Face-To-Face Encounter

Visit within past 90 days: Yes No **Face-To-Face Encounter date:** _____

Please send the completed referral form and attach a copy of the Primary Care Provider's most recent signed and dated encounter with this patient which supports the reason for the ordered Home Health services. Examples may include: Primary Care Provider progress note, history and physical, discharge summary.

Orders

Skilled Nursing for: Medication management and teaching Disease management and teaching
 Observation and assessment of: _____
 Wound care (specify below or attach orders): Location: _____ Frequency: _____
Clean w/: _____ Dress w/: _____
Pack w/: _____ Cover w/: _____
Infusion (attach orders) Yes No Other (specify): _____
Physical Therapy for: Evaluation and treatment Other (specify): _____
Occupational Therapy for: Evaluation and treatment Other (specify): _____
Speech Therapy for: Evaluation and treatment Other (specify): _____
Home Health Aide for: Personal care/assist with ADLs
Medical Social Worker for: Community resources Long-term planning Other (specify) _____

Additional Comments

Print Primary Care Provider's name: _____

Primary Care Provider's signature: _____ **Date:** _____

Home health services are available for all eligible patients with a healthcare provider referral.
Compass Home Healthcare does not discriminate on the basis of race, color, national origin, age, disability or sex.