

Home Health Referral Form



COMPLETE Home Care

Broward County
Phone: 954-933-8242
Fax: 954-427-1152

Palm Beach County
Phone: 561-750-4502
Fax: 561-750-4503

Martin County
Phone: 772-202-2420
Fax: 772-202-2422

Corporate Headquarters: 7280 West Palmetto Park Road - 307-N
Boca Raton, FL 33433

Marketing Representative: _____

From:

Your Name: _____

Today's Date: _____

Your Phone: _____

Company Name: _____

You would like us to confirm receipt of this referral by: Fax Phone Email

Contact information for your confirmation: _____ Requested Start of Care Date: _____

Dr.'s Name: _____ Phone: _____ Fax: _____

Patient Information:

Name: _____ Date of Birth: _____ Sex: M F

Address: _____ Marital Status: Married Widowed Divorced Single

Lives Alone / Lives With? _____

City, State, Zip: _____ Phone: _____

Social Security Number: _____ Alt Phone: _____

Medicare/Insurance: _____ Medicare/Insurance Number: _____

Caregivers: If we will need to contact a person other than the patient to coordinate care, please give that person's contact information here. Name: _____ Relationship: _____

Phone Number(s): _____

Emergency Contact: _____ Phone: _____

Orders:

Home Health Diagnosis: _____

Other Relevant Diagnoses: _____

Orders: _____

Skilled Nursing Physical Therapy Speech Therapy Psych Nursing Home Health Aides Social Worker

Physician Signature: _____ Date: _____

UPIN / NPI#: _____

Face to Face: Has patient seen this doctor for the primary diagnosis in past 90 days: Yes No
Not a prerequisite, but affects our documentation and planning.

Serving these Florida Counties: Broward, Palm Beach, Martin, St. Lucie, Okechobee, and Indian River

The Healing Power of Home

