los robles
HEALTHCARE AT HOME
an Impact company

FAX TO: _____
Los Robles
ATTN: Intake Department
Fax: (888) 391-6038
Tel: (888) 502-5142

REFERRAL FORM

Provider: _____ Sent by: _____ Date: _____
Tel: _____ Fax: _____
Patient Name: _____ DOB: _____
Start Services date: _____
Diagnosis: _____

THE FOLLOWING IS NEEDED TO PROCESS A REFERRAL

- ☐ Face Sheet (required)
- ☐ Face to Face form (see below)
- ☐ Copies of Insurance Card (required)
- ☐ History & Physical and /or Progress Notes

Face to Face is a Medicare required document that must accompany any new Medicare patient referral.

Home Health Skilled Services

- ☐ Skilled Nursing Home
- ☐ Home Safety Evaluation
- ☐ Nurse Wound Evaluation
- ☐ Physical Therapy
- ☐ Ostomy Care
- ☐ Negative Pressure Wound Therapy
- ☐ Occupational Therapy
- ☐ Diabetic Care
- ☐ G-Tube Feedings
- ☐ Speech Therapy
- ☐ Social Services
- ☐ Home Health Aide
- ☐ IV Therapy
- ☐ IV Dosage _____
- ☐ Injections _____
- ☐ Medical Equipment _____

Provider Instructions: _____

_____

_____

Provider's Signature : _____ Date: _____