

ADVENTIST HOME HEALTH REFERRAL

PHONE: (818) 409-8379 FAX: (818) 546-8964

Patient Name _____ Medicare # _____

Date of Birth _____ Age _____ Medi-Cal # _____

Male Female Insurance _____

Phone _____ **Diagnosis** _____

Address _____

Primary Caregiver _____ Special Instructions _____

Relationship _____

Caregiver Phone _____ Medical History _____

Please include the following with the fax: Orders for Home Care _____

H & P Recent Progress Note Medication List Recent Hospitalization _____

CLINICAL SERVICES REQUESTED

DISEASE MANAGEMENT PROGRAMS

- Respiratory
- Cardiac
- Diabetes
- Wound (Type / Cause of Wound) _____
- Other (explain) _____

SKILLED NURSING

- Evaluation and skilled interventions
- Wound care / Decubitus care
- Monitor response to new or changed medication
- IV infusion
- PICC line insertion and maintenance
- Foley catheter / Suprapubic catheter insertion and management
- Venipuncture for lab
- Patient / Caregiver instruction (i.e. meds, skin / wound care, IVs and disease processes)
- Colostomy / ileostomy care and management
- Trach care and instructions
- Disimpaction / Enema
- Diet counseling
- G Tube / J Tube care and management
- Other (explain) _____

MD Signature _____

MD Address _____

MD Phone _____ MD Fax _____

MEDICAL SOCIAL WORK

- Psychosocial evaluation related to patient's illness and care
- Short-term therapy related to coping with illness and family support
- Community resource planning and placement
- Conflict resolution
- Other (explain) _____

INFUSION THERAPY

- Antibiotic / Antiviral
- TPN / Enteral Nutrition
- Chemotherapy
- Pain Management
- Hydration
- Other (explain) _____

PSYCHIATRIC NURSING

- Assessment, evaluation and intervention
- Medication management and education
- Suicidal assessment / crisis intervention
- Lab draws and monitoring values
- IM medication administration
- Other (explain) _____

PHYSICAL THERAPY EVALUATION

- Home safety / Assessment
- Orthopedic aftercare
- Mobility
- Strength / ROM
- Fall prevention
- Equipment / Assessment _____
- Other (explain) _____


OCCUPATIONAL THERAPY EVALUATION

- Self-care / ADL
- Home safety / Family teaching / Equipment
- Energy conservation
- UE loss of motion / Coordination / Sensation
- Mobility / Transfer skills
- Other (explain) _____

SPEECH THERAPY EVALUATION

- Speech language deficits
- Cognitive deficits
- Swallowing / Dysphagia
- Other: _____

Glendale Adventist Medical Center
Home Care

 **Adventist Health**
281 Harvey Drive, Unit C
Glendale, CA 91206
(818) 409-8379