

AHC HOME HEALTH CARE, LLC. -

WHEN MAKING A REFERRAL: Basic information is needed to facilitate the referral process. Those making referrals should be prepared to provide the following information: Identifying Data:

Name _____ age ____/birth date _____

Address _____

Direction to patient

Home: _____

Telephone number: _____

2. _____

Name and telephone number of relative or neighbor, _____

Admission and discharge dates when hospitalized. _____

Data Regarding Plan of Treatment and Therapies: _____

Patient's diagnosis (s), _____

Medication and recommended care and therapies, _____

Primary Physician's Name _____

TEL: _____

FAX: _____ Other# _____

ADDRESS _____

Email: _____ NPI# _____

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PECO# _____

LICENSE# _____

Dates of clinic and/or doctor's appointment, _____

Supplies and equipment
needed. _____

Other Physician(s) _____

TEL. _____

Fax: _____ Email _____

NPI# _____

Address: _____

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