



People Home Health Care Services Certified, Inc.

An affiliate of PeopleInc

Submit referral, one of the following ways:

1. Business Hours 8:30a – 4:00p, Monday – Friday:

- Call Intake Coordinator at (716) 874-5600 OR (716) 566-4800 | Fax referral form to (716) 566-4988

\*\*\* If you do not receive a follow up phone call from us within 1 hour after faxing a referral, please call (716) 874-5600.

2. Holidays, Weekends and After Hours:

- Call (716) 874-5600 and after-hours coordinator will forward your call to On-Call RN

PATIENT DEMOGRAPHIC INFORMATION

Date: Patient's Name: Date of Birth: Address: Phone Number: Type of Residence: Primary Insurance: Primary Ins. #: SSN: Secondary Insurance: Secondary Insurance #: Primary Caregiver: Phone Number: I/DD and/or Medical Diagnosis:

PATIENT PHYSICIAN INFORMATION

Physician Signing Plan of Care and Orders: Phone: Who should be called with questions about referral: Phone: Requested Start of Care Date:

PATIENT CLINICAL INFORMATION

Nursing Services: (Please check all that apply)

Medication Management and Instruction:

( ) Recent Medication Changes ( ) New Medication ( ) Multiple Medications ( ) Injectable Medications

Disease Management: (nursing assessment, education, treatment)

( ) Hyper/Hypotension ( ) CAD ( ) Heart Failure ( ) COPD ( ) Diabetes

( ) Other:

Catheter Care: ( ) Foley Catheter ( ) Suprapubic Catheter

Wound Care: ( ) Pressure Ulcers ( ) Vascular Ulcers ( ) Post-Surgical Wound

( ) Other:

( ) Current wound care orders:

Rehabilitation and Therapies: Indication for Services

Physical Therapy:

Occupational Therapy:

Speech Therapy:

Provider Name: Provider Signature: Date:

\*\*\* If available please include most recent provider visit note, medication list and order for homecare services \*\*\*

OFFICE USE ONLY

( ) Approved / ( ) Declined by: Date: