



# HomeHealth Visiting Nurses

MaineHealth

## Doctor's Office Referral Form

Intake Fax# 207-775-5521 Phone# 207-775-5515

### Information to be Faxed with Referral:

Demographics/Insurance Info \_\_\_\_\_ Medications List \_\_\_\_\_ H & P \_\_\_\_\_ Office Note \_\_\_\_\_

### Patient Information:

Name: \_\_\_\_\_ DOB: \_\_\_\_\_ Male \_\_\_\_\_ Female \_\_\_\_\_

Phone: \_\_\_\_\_ Alternate Phone if any: \_\_\_\_\_

Address (where services provided): Street: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Mailing Address (if different than service address): Street: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Emergency Contact: \_\_\_\_\_ Relationship: \_\_\_\_\_

Phone: \_\_\_\_\_ Alternate phone if any: \_\_\_\_\_

Referring Doctor: \_\_\_\_\_ Phone: \_\_\_\_\_

Plan of Care Doctor: \_\_\_\_\_ Phone: \_\_\_\_\_

Primary Diagnosis: \_\_\_\_\_

Secondary Diagnosis: \_\_\_\_\_

Next scheduled office visit: \_\_\_\_\_

### Service(s) Needed:

Skilled Nursing \_\_\_\_\_ Physical Therapy \_\_\_\_\_ HomeSafe \_\_\_\_\_ Home Health Aide \_\_\_\_\_

PT Pre-Op Joint \_\_\_\_\_ Occupational Therapy \_\_\_\_\_ Speech Therapy \_\_\_\_\_ Social Work \_\_\_\_\_

Dietician \_\_\_\_\_ Telehealth \_\_\_\_\_ Lifeline \_\_\_\_\_ Pediatric Palliative Care \_\_\_\_\_

Wound/Ostomy/Contenance \_\_\_\_\_

Treatment Orders: \_\_\_\_\_

Allergies: \_\_\_\_\_

Referral Contact: \_\_\_\_\_ Phone Number: \_\_\_\_\_

**“Face To Face Encounter” (F2F) Documentation for Medicare and MaineCare Patients**  
 I, or a nurse practitioner, clinical nurse specialist or physician’s assistant working with me, had a face-to-face encounter with this patient that addressed the primary reason for home health care.

Date of the F2F visit \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Reason for home health care: \_\_\_\_\_

Clinical findings to support the need for home health services: \_\_\_\_\_

Patient is homebound because (Medicare only): \_\_\_\_\_

Physician Signature: \_\_\_\_\_ Date \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Physician Name Printed: \_\_\_\_\_

Thank you for your referral!