

VNSNY Referral Form

- MD Office Senior Living Site Clinic
 Nursing Facility Inpatient Hospital

REASON FOR HOME CARE/MD ORDERS

FOR GENERAL HOME CARE:
FAX: (212) 290-3939 PHONE: 1-888-867-1225

FOR CONFIRMATION OF FAX RECEIPT:
CALL: 1-888-867-1225, PROMPT 4

DATE OF REFERRAL _____
FACILITY NAME _____
ADM. DATE _____ D/C DATE _____
REQUESTED HOME VISIT DATE _____

REFERRER

NAME _____ TELEPHONE # _____

PHYSICIAN SIGNING HOME CARE ORDERS

PHYSICIAN NAME _____
ADDRESS _____
CITY _____ STATE _____ ZIP _____
TELEPHONE # _____ FAX # _____
() ()
UPIN # _____ LICENSE # _____
OFFICE CONTACT _____

PATIENT INFORMATION

LAST NAME _____ FIRST NAME _____
SEX Male Female TELEPHONE # _____
ADDRESS _____
CITY _____ STATE _____ ZIP _____
DATE OF BIRTH _____ SOCIAL SECURITY # _____
LIVES WITH Family Alone Caregiver
ETHNICITY _____ LANGUAGE SPOKEN BY PATIENT _____
MENTAL HEALTH STATUS: Is the patient Yes
 Oriented Forgetful Confused self-directing? No
FAMILY CONTACT / RELATIONSHIP (MUST PROVIDE FOR PRI)
CONTACT TELEPHONE # _____
Day Evening

INSURANCE INFORMATION

MEDICARE # _____ MEDICAID # _____
COMMERCIAL INSURANCE CARRIER (NAME & AUTHORIZATION #)
SUBSCRIBER _____
POLICY # _____ GROUP # _____

DIAGNOSIS (Indicate * if a new diagnosis):

1. _____
2. _____
3. _____

ALLERGIES:

MEDICATIONS / DOSE / FREQUENCY / ROUTE:

DIABETES: TYPE 1 TYPE 2 GESTATIONAL

- Teach diabetic management/self care Teach glucose monitoring
 Contact MD if blood glucose is above _____ or below _____
 Current HbA1c _____ Current glucose _____
 Provide special adaptive devices _____
 Diet _____

CARDIOVASCULAR DISORDERS:

- Educate on signs and symptoms of: CHF, MI, CAD, A.Fib, HTN
 Assess cardiac status Daily weight recording Current weight _____
 Contact MD for BP systolic above _____ or below _____
diastolic above _____ or below _____
 Apical pulse above _____ or below _____
 Diet _____

WOUNDS:

- 24-hour supplies or prescription given
 Neurogenic Pressure Venous Arterial
 Location _____
 Stage & size of wound _____
 Hydrogel Ca-Alginate Hydrocolloid NS wet to damp
 Other _____
 Irrigate Cleanse Solution _____
 3-5 wk 1-2 wk Daily Other _____

MEDICATIONS / DIET CHANGES:

- Teach medication and adherence with new/old regimens
 Teach nutrition Diet _____

ASTHMA / COPD: Assess home for triggers

- Educate on disease management Peak Flow Meter
 Educate on use of nebulizers/inhalers Educate O₂ precautions

GAIT / AMBULATORY STATUS:

- Homebound
 Unassisted Assistive device _____
 Evaluate home safety Assess equipment needs Yes
Did patient have a Rehab Hospital/Unit admission within the last 10 days? No

SKILLED SERVICES: Frequency: _____ times per week for _____ weeks

- RN PT OT ST MSW HHA

LAB REQUEST:

- Albumin SMAC CBC w/diff PT/INR HbA1c
 Other _____
 Frequency _____

OTHER TREATMENT / ORDERS:

Physician Relations Program

Community Referrals

Visiting Nurse Service of New York professional staff can assist you with the care of your community-based patients.

We are the gold standard in home health care and your patients will receive the benefit of our expertise.

VNSNY staff includes registered nurses, clinical nurse specialists, physical therapists, occupational therapists, speech pathologists, social workers, nutritionists and home health aides.

We are available to patients as needed and as covered by Medicare, Medicaid and third-party insurers. Some of our programs are outlined to the right.

Fax Referral Form To:

- General Home Care:
(212) 290-3939
- PRI:
(212) 290-3939

 Visiting Nurse Service Of New York®
We Bring The Caring Home®

www.vnsny.org

1-888-VNS-1-CALL
(1-888-867-1225)

VNSNY Interventions Benefit Both You and Your Patients. We Can:

Cellulitis / Wounds

- Provide specific wound interventions
- Monitor antibiotic therapies
- Educate on causes and prevention
- Arrange joint VNSNY/MD visits for complex wound cases

Asthma / COPD

- Assess "triggers"
- Educate on use of nebulizers/inhalers
- Implement VNSNY's own Asthma Prevention Program

Cardiovascular Disorders

- Educate on signs and symptoms of: CHF, MI, CAD, A. Fib, etc.
- Assess cardiac status
- Teach nutrition/daily weight recordings
- Arrange lab tests/provide values
- Provide physical therapy as needed

Diabetes

- Manage insulin/non-insulin dependent diabetics
- Teach nutrition/glucose monitoring
- Assess signs and symptoms of hypo/hyperglycemia
- Instruct on skin and foot care
- Provide special adaptive devices

HIV / AIDS

- HIV/AIDS Long Term Home Health Care Program
- Round-the-clock nursing care
- Home attendant/home health aide services
- Mental health services
- Substance use counseling

Hypertension

- Monitor blood pressure
- Teach nutrition/stress management

Gait Abnormality

- Evaluate home safety
- Assess equipment needs
- Provide physical therapy/equipment

Psychosocial Problems

- Assess home situation
- Offer crisis intervention
- Provide short-term counseling
- Provide long-term care planning

Medication Changes

- Instruct on medications and compliance with new/old regimens
- Educate on proper nutrition