

Referral Intake Form

For questions about this form, please call 866.460.3567, option 1.

REFERRAL INFORMATION

Today's Date: _____ Referral Agency/Source: _____

Referrer Name: _____ Phone: _____ Email: _____

Initial Appointment Type Required: Telehealth In Person Visit *(This request may delay scheduling)*

Visit Urgency: Routine Visit for PCP Change Urgent, Acute Need

PATIENT INFORMATION

Patient Name: _____ Gender: Male Female

Date of Birth: _____ SSN: _____

Race: _____ Primary Language: _____

Patient Home Address: _____

Facility Name (if applicable): _____

City: _____ State: _____ Zip: _____

Patient Phone Number: _____ Patient Alternate Phone: _____

Who do we contact for appointment scheduling? Patient POA Other _____

Primary Contact Name *(if other than patient)*: _____ Relationship: _____

Primary Contact Phone Number: _____ Primary Contact Alternate Phone: _____

INSURANCE INFORMATION

Primary Plan: _____ Policy/Member ID: _____

Supplemental Plan: _____ Policy/Member ID: _____

ADDITIONAL INFORMATION REQUESTED

Has patient recently been or has plans to be discharged from the hospital? Yes No

(If yes) Hospital Name: _____

Anticipated or actual discharge date: _____

(If knowledgeable) Is the hospital an LHC Joint Venture Partner? Yes No

Is patient current with Home Health? Yes No

(If yes) Home Health Agency: _____ Agency Phone Number: _____

Does patient have a medical Power of Attorney (POA) or legal representative? Yes No

If yes, name of individual and relationship: _____

Is patient able to sign a consent for them self? Yes No

Primary Care Physician (if applicable): _____ Next appointment (if applicable): _____

Pharmacy Name: _____

Does the patient have the ability/necessary technology to participate in video/audio telehealth visit? Yes No

Scheduling Preferences/Additional Notes: _____

Note: An Intake Coordinator will be reaching out to you promptly. Please be prepared to send any applicable paperwork including: copy of Medical POA and recent hospital admissions/discharge information (face sheet, H&P, medication list, discharge orders, including any appointments set up, and applicable diagnostic/lab records).