

Please complete this form and return toll-free to:

Fax: (415) 813-2017

Palliative Admissions Phone: (415) 444-9210

PATIENT INFORMATION

Last Name: _____ First Name: _____ DOB: _____

Phone(home): _____ Mobile: _____

Address: _____ City: _____ Zip: _____

Email: _____ Insurance Coverage: _____

Contracted Insurance Plans: Partnership Health Plan – San Francisco Health Plan – Chinese Community Health Plan – Blue Shield – Medicare Part B.

REASON FOR REFERRAL

- Palliative Care focuses on pain and symptom management, advance care planning, goals of care coordination, and quality of life for those facing serious illness.
- Palliative care helps patients who otherwise would use the hospital or emergency department to manage difficult symptoms and/or have had a decline in functional status.
- If uncertain of eligibility or if you have palliative care referral questions, please call By the Bay Health at (415)444-9210.

Please consider this patient for the following:

- Cancer CHF COPD Liver Disease Renal Disease
 Advanced Dementia Other medical issue needing palliative care (specify):

INSTRUCTIONS

- Please include: Face Sheet/Demographics (include family contact)
 Recent History and Physical (and last MD visit note)
 Any pertinent consultation reports
 Copy of Payer/Insurance Card (*unless information is included on face sheet*)

REFERRAL INFORMATION

Please evaluate for admittance to palliative care.

Referring Provider Name: _____ Fax: _____

*The information contained in this facsimile/fax transmission is **privileged and confidential** and intended for the review and use of the specific addressee listed above. Federal regulations (42 C.F.R., Part 2) **PROHIBIT** you from making any further disclosure of it except as permitted by such law OR without the further specific written consent of the person to whom it pertains.*

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