

Please complete this form and return toll-free to:  
Fax: (415) 813.2017

If uncertain of eligibility or if you have palliative care referral questions, please call the By the Bay Health Palliative Care Intake Line at (415) 444.9210, available Monday-Friday 8:30 a.m.-5:00 p.m.

**PATIENT INFORMATION** (If information is on attached Face Sheet, feel free to write "see Face Sheet")

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ DOB: \_\_\_\_\_

Phone (home): \_\_\_\_\_ Mobile: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

Place of Service:  Home  Facility \_\_\_\_\_  Other \_\_\_\_\_

Insurance: \_\_\_\_\_ Subscriber ID: \_\_\_\_\_

Surrogate Decision Maker Name (if applicable): \_\_\_\_\_

Phone Number: \_\_\_\_\_ Email Address: \_\_\_\_\_

Primary Care Provider Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

**REASON FOR REFERRAL**

- Symptom Management (chronic/persistent and requiring long-term management)

Please list symptoms: \_\_\_\_\_

- Assessment and/or discussion about hospice eligibility and transition planning  
 Advance care planning (POLST and/or Advanced Directive completion)  
 Goals of Care conversation facilitation  
 Emotional/Social Challenges arising from the serious illness  
 Complex care coordination & healthcare navigation support  
 Other: \_\_\_\_\_

**Primary Diagnosis:**

- Cancer  CHF  COPD  Liver Disease  Renal Disease  
 Advanced Dementia  
 Other medical issue (specify): \_\_\_\_\_

**REFERRAL INFORMATION**

Person Making Referral: \_\_\_\_\_ Relationship to Patient: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

**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)

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. If you are neither the intended recipient nor the employee/agent responsible for delivering this information to the intended recipient, you are hereby notified that any disclosure, copying, distributing or taking any action regarding this telecopied information is **STRICTLY PROHIBITED**. If you have received this fax copy in error, please notify us immediately by the telephone number listed above to arrange for the return/destruction of the documents.