

QUICK REFERRAL FORM

Fax: (951) 767-8120

or email to pristinecarehhsi@gmail.com

Monday - Friday 9:00 am - 5:30 pm

All other hours, Please call main number (951) 506-0348 and request the call nurse.



PRISTINE CARE

Home Health Services, Inc.

28481 Rancho California Rd. Ste. 202

Temecula, CA 92590

pristinecarehhsi@gmail.com

SERVICE REQUEST

PATIENT INFORMATION

(PLEASE ATTACH DEMOGRAPHICS SHEET)

Patient Name: _____

Address: _____

City/State/Zip: _____

Phone: _____ DOB: _____

Discharge Date: _____

Emergency Contact/POA: _____

Relationship: _____

MEDICARE PRIMARY

Copy of Medicare Attached (front & back) Yes No

PHYSICIAN:

Signature _____

Date _____

REFERRAL SOURCE:

SPECIAL INSTRUCTION:

SKILLED NURSING:

- RN for skilled observation/assessment of vital signs and all body systems; to review/update all drug regimen; to provide health teachings/instructions/intervention; and to report any significant findings.
Contact physician with assessment findings, s/s complications, recommendations and approval of Plan of Care.
- Please have wound care RN evaluate and recommend specific wound care protocol within one week of start of care, must be ordered in conjunction with skilled nursing.
- Other specific orders: _____

THERAPY

- Physical Therapy _____
- Occupational Therapy (A Medicare covered benefit providing another skilled service is being provided)
- Speech Therapy Home Safety Evaluation
- Evaluation and treat. Contact physician with assessment findings, s/s complications, recommendation and approval of Care Plan

Orthopedic Protocol Hip Knee Other: _____

Utilize Physician Protocol (please Fax)

SUPPORT SERVICES - (Medicare covered benefit provided another skilled service is being provided)

CHHA MSW Dietitian Other _____

Pristine Care Home Health Services, Inc.

Tel: 951-506-0348 Fax: 951-767-8120

Please include patient H&P or Progress note. Thank You.