

# HOSPICE OF THE VALLEY REFERRAL

## Easy ways to refer!

Fax (602) 530-6905 Call 24/7 (602) 530-6920 E-mail [intake@hov.org](mailto:intake@hov.org) Web <https://hov.org/for-healthcare-providers/refer-a-patient/>

## REFERRED BY

Physician, Facility or Care Home: \_\_\_\_\_

Your name: \_\_\_\_\_ Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Date \_\_\_\_\_ Time: \_\_\_\_\_ Total pages: \_\_\_\_\_

## PATIENT NAME AND DATE OF BIRTH

Patient name (last, first, MI): \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Diagnosis: \_\_\_\_\_

Additional Clinical information (may also attach recent visit note/med list): \_\_\_\_\_

## ADDITIONAL PATIENT INFORMATION (attach demographics OR complete below)

Physical address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Phone: \_\_\_\_\_

Medicare No: \_\_\_\_\_ Insurance Company: \_\_\_\_\_

Policy No: \_\_\_\_\_ Group ID: \_\_\_\_\_

Medical Power of Attorney's name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone: \_\_\_\_\_

Additional Information: \_\_\_\_\_

## SERVICE REQUESTED

- Hospice       Outreach (nurse and social work in-home visits for support and help locating resources)       Supportive Care for Dementia  
 Pediatric Outreach       Senior Placement (finding alternative living arrangements)       Geriatric Solutions (transitional support)  
 MediCaring® (in-home support for chronically ill patients continuing treatments of choice)

## VISIT DETAILS (check all that apply)

- Evaluation and treat       Information visit only       STAT! or Same day appointment

Appointment contact:  Patient       Family member's name: \_\_\_\_\_ Phone: \_\_\_\_\_

*Thank you for your trust in us. We are honored to provide comfort, dignity and compassionate care.*



1510 E. Flower St. Phoenix, AZ 85014 (602) 530-6920 FAX (602) 530-6905 [hov.org](http://hov.org)

*A legacy of caring since 1977*



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