



REFERRAL FORM

Instructions: Please complete the following referral form in its entirety, including the questions listed below (1- 6), and fax back:

Fax: (740)373-1594

Attn: I & R Department

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Referrer Information:

Date: \_\_\_\_\_

Name: \_\_\_\_\_ Relation: \_\_\_\_\_

Company: \_\_\_\_\_ Phone #: \_\_\_\_\_

Services being provided: \_\_\_\_\_

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Individual's Information:

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_ County: \_\_\_\_\_

Phone: \_\_\_\_\_ SS#: \_\_\_\_\_ DOB: \_\_\_\_\_

Emergency contact name: \_\_\_\_\_ Phone #: \_\_\_\_\_

**1. Any of the following health concerns?**

- HTN       CHF       Cancer
- DM       Arthritis       Kidney Failure
- Pneumonia       Anemia
- Other: (please explain)

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*Serving Athens, Hocking, Meigs, Monroe, Morgan, Noble, Perry and Washington Counties in Southeast Ohio*  
1400 Pike Street | Marietta, OH 45750 | 1.800.331.2644 | 740.373.6400 | fax: 740.373.1594

2. Has individual ever suffered a:  Stroke  Heart Attack

3. Does individual need or receive any help with the following: (please indicate with 'check' mark)

Bathing/Showering  Grooming (toenails, fingernails, hair)  Brushing Teeth

Moving around inside the home  Eating  Putting on or off clothes

Getting in or out of bed, chair, wheelchair  Toileting (including managing ostomy/colostomy)

4. Does individual need or receive any help with the following: (please indicate with 'check' mark)

Shopping  Preparing meals  Light Housecleaning

Transportation  Laundry  Legal/ Financial

5. Does individual currently receive any of the following nursing services: (please indicate with 'check' mark)

Deep suction  Tube feeding  Injection  Urinary Catheter Care  IV Use

Ventilator care  Oxygen Use  Wound/Skin ulcer care  Seizure management

Respiratory treatments (inhalers/nebulizers)  Tracheostomy management care

6. Does individual currently receive or need any assistance setting up/taking medications? (please indicate with 'check' mark)

Reminders to take meds  Setting up medications  Taking my meds

7. Does individual currently receive Medicaid?  Yes  No

Other Information: