

Home Health & Hospice, Intake and Referral Department	
Phone:	(802) 860-4400
Fax:	(802) 860-4464
Mondays – Fridays:	8 am – 5 pm
Weekends & Holidays	7 am – 3 pm



Patient Information for Referral to Home Health Services

Referral Date:

Patient Legal Name:

Patient Lived Name:

Date of Birth:

Sex at Birth:

Current Gender Identity:

Visit Address (Where Patient Will Be Seen)

Street:

City:

State:

Zip:

Visit Phone:

Emergency Contact:

Phone:

Relationship:

Payer: Medicare Vermont Medicaid Other Insurance Name Private Pay

ID Number:

Policy Number:

Group Number:

Workers Compensation Motor Vehicle Accident Additional Info:

Referring Facility:

Phone:

Referring Provider:

Phone:

Community Provider Following for Home Health Orders:

Phone:

Home Health Orders

Primary Diagnoses for Referral:

Skilled Nursing for:

- Assessment** (e.g., clinical assessment for acute/exacerbated conditions, wounds, pain, post-surgical care):

- Medication Management and Teaching**
- Disease Management and Teaching** (e.g., cardiac, diabetic, respiratory, GI)
- Wound Care** (specify frequency/cleansing instructions/medications/dressing change routine or attach signed order):
 - Certified Wound Ostomy Nurse to make recommendations.
- Catheter or Drain Care** (specify catheter or drain type and size/instructions for change/flush and last change date or attach signed order):
- IV Therapy** (signed order with type of IV access, size information, medication, dose, frequency, duration, delivery method, and line maintenance):
- Pregnancy/Postpartum Care** (with estimated due date or delivery date):
- Other:**

Physical Therapy for:

Precautions (such as weight-bearing restrictions, range of motion limitations):

Speech Therapy for:

***Occupational Therapy for:**

***Home Health Aide for:**

***Medical Social Worker for:**

***Remote Patient Monitoring (for a variety of chronic health conditions):**

Medicare, and some commercial payers, requires patients to be homebound to provide coverage for home health services. Patient is homebound because:

**Regulations require another service (skilled nursing, physical or speech therapy) to cover occupational therapy, home health aide, or medical social work services under the Home Health Benefit.*

Face-to-Face Encounter

A face-to-face patient encounter, related to the primary reason the patient requires home health services, must have occurred no more than 90 days prior to the start of care date for home health services

Face-to-Face Encounter Date

Is the visit date within the last 90 days? Yes No

Please attach a copy of the most recent signed and dated encounter with this patient. This should include a progress note, current medication list (including dose, route of administration, frequency), allergies, immunizations, medical history and physical, and/or discharge summary. Medicare, and some additional payers, require the face-to-face encounter to be in-person following the expiration of coverage for telehealth.

I certify that this patient is under my care and that I, or another Medicare allowed provider (e.g., MD, NP, PA) working with me had a qualifying face-to-face encounter with this patient occurred no more than 90 days prior to the home health start of care date and was related to the primary reason the patient needs home health services.

Print Certifying Provider's Name:

Address

Phone:

Fax:

Street:

City:

State:

Zip:

Certifying Provider's Signature

Date

/ /