



HOSPICE FAST TRACK REFERRAL

Longview

Phone: (360) 577-2615

Fax: (360) 696-5038

Vancouver

Phone: (360) 696-5100

Fax: (360) 696-5038

Date: _____ Time: _____ Urgent? YES or NO

REQUIRED INFORMATION

Name of Patient: _____ DOB: _____ SS#: _____

Hospice Diagnosis: _____

Contact Person: _____ Phone #: _____

Insurance: MEDICARE MEDICAID OTHER: _____

Physician to follow for hospice: _____

WHY HOSPICE?

Signs of decline (Why hospice?):

SUPPORTING DATA

Please include (if available):

- Face Sheet (including name, address, insurance info)
- Copy of current medication list
- Recent H&P
- Hospital D/C Summary or recent office visit notes (to describe the patient's current clinical condition)
- Copy of physician's order for hospice care

IF THIS REFERRAL IS ON A WEEKEND OR AFTER HOURS AND REQUIRES IMMEDIATE ATTENTION, PLEASE CALL 360-696-5100.

Thank you for choosing to work with PeaceHealth Hospice!