



Mercy Hospice
 3400 Data Drive
 Rancho Cordova, CA 95670
 Phone: 916-281-3900 Fax: 916-281-3993
 dignityhealth.org

Referral Form

Date of Referral: _____		Patient Name: _____		DOB: _____	
SOC	ROC	Anticipated D/C Date: _____	SOC Date: _____	Last 4 of SS: _____	
Hospitalization Status: Observation Admit ACO : Y N BUNDLE: Y N					

Referral Source:	Admission Source:
Facility/MD: _____	D/C Facility: _____
Surgery date: _____	D/C Date from Facility: _____

Demographic Sheet	H&P	D/C Orders	D/C Summary
Surgical Procedures	F2F/Supporting Doc	POA Guardianship	Medication List

Physician Information:	
Home Health DX: _____	
Referring MD: _____	Other MD's: _____
485 MD Last/Next Appt: _____	
PCP MD with location: _____	

Program:	ARCH	Cardio	Pulmonary	Ortho	Diabetes	Skin/Wound	Behavioral
	Telehealth	Zoom	ExactCare	Other _____			

MD Orders:	SN	PT	OT	ST	MSW	HHA
Special Instructions (include PT/INR, infusion, wound care, etc. info if applicable): TEAM NOTIFIED:						

Medicare Required Items:
F2F MD: _____ Encounter Date: _____

CRE / CTN: _____ Phone Number: _____

*****NOTE: Please utilize a FAX COVER sheet in addition to this form if the form is being faxed outside of Forcura*****

LEGAL DISCLAIMER: The information contained in this facsimile transmission is confidential and intended for this addressee only. If the reader of this message is not the addressee or addressee's agent, you are hereby advised that any dissemination, distribution or copying of this information in this transmission is strictly prohibited. If you receive this fax in error, please call us immediately upon receipt and return the facsimile documents to us by first class mail. Thank you for your cooperation.

DISCLAIMER FOR DRUG/ALCOHOL ABUSE RECORDS: "This information has been disclosed to you from records protected by federal confidentiality rules (42 CFR Part 2). The federal rules prohibit you from making any further disclosure of this information unless further disclosure is expressly permitted by the written consent of the person to whom it pertains or as otherwise permitted by 42 CFR Part 2. A general authorization for the release of medical or other information is NOT sufficient for this purpose. The federal rules restrict any use of the information to criminally investigate or prosecute any alcohol or drug abuse patient".