

Home Health Referral Checklist

Patient Name: _____ DOB: _____

Referral From: _____

Phone Number: _____ Fax Number: _____

Number of Pages: _____

Referrals **Must** Include the Following Documentation:

- Demographic Sheet/Face Sheet and name of PCP
- Face to Face Encounter and progress notes from the visit.
- Physician's Orders for Home Health Services
- History and Physical, Latest Progress Notes and Discharge Summary with medication list.
- The 2 Criteria Homebound status required by Medicare
- Pertinent Labs
- Copy of P.O.L.S.T. if they have one
- Copy of Advance Directive if they have one