



REFERRAL FORM

FAX TO: 517-783-5223 or 517-748-7600

CLIENT/PATIENT INFORMATION			
Has the Client/Family been informed of the referral? Yes <input type="checkbox"/> No <input type="checkbox"/>		Date:	
First Name:		Last Name:	
DOB:	Sex:	Phone:	
Address:		City:	Zip:
County: Jackson <input type="checkbox"/> Hillsdale <input type="checkbox"/> Lenawee <input type="checkbox"/>		Power of Attorney/Advanced Directive: Yes <input type="checkbox"/> No <input type="checkbox"/>	
Insurance Coverage: Medicaid <input type="checkbox"/> Medicare <input type="checkbox"/> Other:		Hearing Impaired: Yes <input type="checkbox"/> No <input type="checkbox"/>	
WHO TO CONTACT			
Name/Relation:		Phone:	
MEDICAL AND PHYSICAL HEALTH NEEDS			
<p><u>Check all that Apply:</u></p> <ul style="list-style-type: none"> <input type="checkbox"/> Depends on the use of a lift chair, chair arms, walker, or human assistance to stand from a seated position <input type="checkbox"/> Hands on assistance with feeding, toileting, catheter, or ostomy care <input type="checkbox"/> Confusion, dementia, Memory Problems-difficulty managing medications, finances, appointments, or other daily tasks. <input type="checkbox"/> Daily Oxygen Use or Dialysis <input type="checkbox"/> Daily Tracheotomy care <input type="checkbox"/> End of Life Care <input type="checkbox"/> Chronic ER visits (2 or more visits within a 1-month period with 2 or more new orders) <input type="checkbox"/> Recent Falls <input type="checkbox"/> Wounds (wound care) or Chronic pain <input type="checkbox"/> Shortness of breath when completing tasks. <input type="checkbox"/> Takes an unreasonable amount of time to complete task due to weakness. <input type="checkbox"/> Unplanned and significant weight loss in the last 6 months 			
REFERRING CONTACT			
Contact Name:		Agency:	
Phone:		Email:	
NOTES:			

After receiving this form, our Community Relations Department will call **(within 2 – 4 business days)** to share information about the medical and supportive services available through Thome PACE to help individuals remain in their home safely in the community. There is no obligation with our call. Services authorized by PACE are provided at no charge to those who have both Medicare and Medicaid. Participants may be liable for the costs of unauthorized services or for services provided outside of the PACE program agreement.