



Palliative Care Program- Referral Form

Patient Name _____ DOB _____
Provider Name _____

We are happy to provide a robust Palliative Care program to our community in conjunction with Weeks Medical Center. Our team of APRNs, Certified Hospice and Palliative Care Nurses, Social Workers, and Chaplains are available to provide in-patient and in-home visits as well as phone calls to your patients. Any patient who is struggling with a chronic or serious illness may benefit from a Palliative Care Consults. Please see below:

Thank you for referring your patient to our program. In order for our team to properly address your patient’s healthcare needs we ask that you fax the following information to 603-444-0980:

- ___ Last few months of office notes
___ Any notes from pertinent specialists
___ Imaging from the last few months (ECHO, PFTS, X rays)
___ If patient has been hospitalized in the last 6 months, please send discharge summaries
___ Lab work from the last few months
___ Advanced Directives and copies of DNR if in place

Please admit my patient to the Palliative Care Program for on-going follow-up and review of eligibility, education, and psychosocial support. The frequency of follow-up will be determined by the patient and/or legal healthcare representative (if involved) in collaboration with the team.

Provider Signature _____ Date _____

Please call Nicole Holmes or Alyssa Lennon at 603-444-5317 if you are requesting a same day Palliative Care Consult.