NCH north country healthcare | North Country Home Health & Hospice Agency

Hospice Referral Form

Patient Name_____ DOB_____

Provider Name _____

Thank you for your interest in our hospice program. Did you know patients can self-refer to hospice? If you are interested in receiving hospice care, please call **603-444-5317** and ask to speak with a member of our hospice team.

For providers:

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

Provider Signature _____ Date _____

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