FIRST CALL
Home Health Care
WHEN THE CHOICE MATTERS

Home Healthcare Referral Tool

Fax: 503-371-4569

Phone: 503-371-4567

Please indicate which symptoms or concerns apply to your patient

Physical Therapy	Occupational Therapy	Speech Therapy	Nursing
Falls	Falls	Falls (due to poor recall of safety and sequencing)	Falls (due to clinical need, ex:UTI)
Positioning/Posture	Positioning/Posture (in bed, in wheelchair)	Communication	Wounds
Mobility	Mobility/Transfers	Language	Infections
Transfers	Balance	Dysphagia	Skin Breakdown
Skin Breakdown	Safety Awareness	Vocal Quality	Pain
Endurance	Muscle Strength	Word Finding	Shortness of Breath
Shortness of Breath	Contractures	Orientation	Increased Weakness
Balance	Range of Motion	Memory	Weight Loss
Muscle Strength	Upper Body Splinting	Attention	Confusion
Range of Motion	Gross or Fine Motor Coordination	Problem-Solving	Alertness
Increased Weakness	Writing/Holding Objects	Following Directions	Agitation
Bracing Needs	Pain	Sequencing	Behaviors
Coordination	Agitation/Behaviors/Alertness	Planning	Medication Management
Pain	Social/Activity Participation	Initiation	Incontinence
Dizziness/Vertigo	Self-Feeding/Spilling Food	Weight Loss	Catheter Management
Equipment Needs	Memory/Confusion	Choking	Frequent Pneumonia
Walking Difficulty	Vision	Coughing	Frequent UTIs
	ADL/IADL Participation	Swallowing	Dizziness
	Home Safety	Aspiration	Chronic Disease Mgmt: (ex: CHF, COPD, Diabetes)
	Adaptative/Durable Equipment	Frequent Pneumonia	

Patient's Name: _____ **Date of Birth:** _____

Diagnosis: _____

Home Health Admitting Disciplines

Frequency and Duration Determined by Evaluating Clinicians

☐ **Nursing Evaluation for:** _____
Woundcare per Agency Protocol

☐ **Physical Therapy Evaluation for:** _____

☐ **Speech Therapy Evaluation for:** _____

☐ **Occupational Therapy Evaluation for:** _____

☐ **MSW** ☐ **Bath Aide**

Provider Signature: _____
By signing this order, I agree to follow Home Healthcare Services for this patient

Provider Name (Printed): _____

Please Fax with Patient's ☐ **Chart Notes** ☐ **Medication List** ☐ **Demographic Page**