

Palliative Care Program- Referral Form

Our Palliative Care Program offers supportive services to an individual who is facing a serious or chronic life-limiting illness. This program allows patients to receive in home support and symptom management while they continue palliative therapy but no longer have a skilled need to qualify for Home Health services. Our team consists of a Physician Assistant, Nurse Practitioner, Certified Hospice and Palliative Care Nurses, Holistic Nurse and Social Workers. Once we initiate contact with the patient we will create a schedule of visits and phone calls to review and discuss symptom management, goals and end of life care planning. Collaboration with the patients PCP/referring provider will be consistent to ensure the patient's needs are being met.

If you would like to arrange a Palliative Care consultation for your patient, please complete the following and fax to our office at (603) 444-0980. If you would like more information about the program please call (603) 444-8318 and ask for Gwen.

Patient Name: _____ DOB: _____

Contact Name: Gwendolyn Dovholuk R.N., B.S.N., C.H.P.N.

Telephone #: 603-444-8318

Diagnosis: _____

Physician Name: Dr. _____

Office Fax #: _____

Comments: _____

Please admit my patient to the Palliative Care Program for up to 6 months for ongoing 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 invoked) in collaboration with the team.

Physician Signature: _____

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