



## 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
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Provider Signature \_\_\_\_\_ Date \_\_\_\_\_

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