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

Hospice Referral Form

Thank you for your interest in our hospice program. Did you know that patients can self-refer to hospice?
If you or a loved one are interested in receiving hospice care, please contact us at **603-444-5317** and ask to speak with a member of our hospice team. We are here to provide support and answer any questions you may have.

Patient Name_____
DOB_____
Contact Information_____
Primary Contact and Relationship to Patient_____
Provider Name_____

For providers:

To ensure our team can properly address your patient's healthcare needs, please fax the following information to **603-444-0980**: Our Intake department operates 24/7.

- Diagnosis and relevant medical history
- Medication list
- Diagnostic imaging (ECHO, PFTs, X-rays)
- Discharge summaries if the patient has been hospitalized in the last 6 months
- Recent lab work
- Advanced Directives, POLST, or DNR status (please include copies if applicable)

Provider Signature _____ **Date** _____