

DEMOGRAPHIC AND INSURANCE

Patient name: _____ DOB: _____ SSN# _____
Phone: _____ Email: _____ Sex: [] Male [] Female
Address: _____
StreetAddress
Address: _____
City State Zip County
Medicare #: _____ Medicaid #: _____ Other: _____
Emergency contact: _____ Relationship: _____ Phone: _____
Primary caregiver: _____ Relationship: _____ Phone: _____

REFERRAL, DISCHARGE AND MISC

Referral source: _____ Referral date: _____ Requested SOC: _____
Physician: _____ Phone: _____ NPI: _____
Discharge facility type: _____ D/C date: _____
Reason for admission to facility: _____
Pharmacy: _____ Phone: _____ Fax: _____
Address: _____
DME: _____ Phone: _____ Fax: _____
Address: _____
Hospital: _____ Phone: _____ Fax: _____
Address: _____

HOSPITAL REFERRAL

Additional documentation received:

- [] H&P from recent inpatient stay [] Consult and evals from recent inpatient stay [] Operative report
[] Discharge summary [] List of current meds [] Face to face [] Prescription(s)
[] Copy of most recent labs [] Copy of most recent X-ray reports

Primary diagnosis (chief reason for providing home care): _____

PHYSICIAN REFERRAL

Additional documentation received:

- [] H&P from recent inpatient stay [] Consult and evals from recent inpatient stay [] Operative report
[] Copy of most recent progress note (from office visit) date of office visit _____
[] Discharge summary [] List of current meds [] Face to face [] Prescription(s)
[] Copy of most recent labs [] Copy of most recent X-ray reports

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2620 RUBY VISTA DRIVE
ELKO, NEVADA 89801



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ELY, NEVADA 89301 WINNEMUCCA, NEVADA 89445
GENESISHHS@FRONTIERNET.NET WWW.GENESISHHS.COM

Diabetes Mellitus:

Cause (identify underlying condition i.e. Neoplasm, malnutrition, etc.) _____

Chemically induced (identify chemical/toxin) _____

• Poisoning: (describe) _____

• Adverse effect: (describe) _____

Type 1

• Manifestation(s) i.e. neuro, kidney, ophthalmic, circulatory, skin, ulcer (describe) _____

Type 2

• Manifestation(s) i.e. neuro, kidney, ophthalmic, circulatory, skin, ulcer (describe) _____

• Insulin use _____

Hypertension:

Hypertensive heart disease

• Without heart failure

• With heart failure

Hypertensive chronic kidney disease

• Stage of CKD: _____

• Type of dialysis access: _____

Environmental exposure to tobacco smoke (secondhand or passive smoking)

Tobacco dependence: (specify type: cigarettes, chewing tobacco, etc.) _____

Hx of tobacco use: (quit date) _____

Heart failure:

Unspecified

Systolic

Diastolic

Acute

Acute

Chronic

Chronic

Acute on chronic

Acute on chronic

Heart attack (MI):

Site i.e. anterolateral wall, etc.: (describe) _____

Acute (4 weeks or less) date: _____

Healed/Old (currently presenting no symptoms) date: _____

CVA (Cerebrovascular accident):

Date: _____

Clot (Stroke) or Hemorrhage

Hemi/Monoplegia

Dominant

Non-dominant

Hemi/Monoplegia

Specify phase: _____

Dysphagia: Aspiration Speech difficulty Seizures

Fracture:

Pathologic Traumatic

Mental Health

(Depression, Schizo

Bipolar)

Cause (i.e. neoplasm, osteoporosis, injury etc.) _____

Location (include right/left): _____

Open

Closed

Healing type: Routine

Delayed

Non-union

Malunion

Arthritis Type Osteoarthritis Rheumatoid Arthritis Other Location: _____

Integumentary (Wounds): Other wounds: _____

Pressure ulcer Stage of Pressure ulcer at worst _____

Arterial Wound Severity of non pressure chronic ulcers

Venous Wound Skin Fat/Sub Q Muscle Bone

Diabetic wound Gangrene

COPD: Type: Emphysema Chronic bronchitis Chronic Asthma

With lower respiratory tract infection with exacerbation

Dementia (DO NOT ACCEPT unspecified dementia)

Alzheimers Early Late Vascular history of cerebral infarct Other CVD

Parkinsons Parkinsonism/Lewy Body With behaviors Without Behaviors