

# Home Parenteral Services

## Patient Referral Form and Transfer of Care Steps

Complete all sections below, print a copy, and fax all information to 417-269-0692. Our trained representatives will review your request and provide a return call promptly.

**Requestor's Name:**  
**Company:** **Contact Phone:**  
**Patient Anticipated Start Date:**

### 1. Patient Information

**Patient Name:**  
**Sex:** Male    Female **Date of Birth:**  
**Social Security Number:**  
**Billing Address:**  
**City:** **State:** **Zip:**  
**Main Phone:** **Secondary Phone:**  
**Emergency Contact Name:**  
**Relationship to Patient:** **Phone:**

### 2. Payor Information

Fax copies of the front and back of the patient's insurance card.

**Payor Name:**  
**Payor Type:** Medicare    Medicare HMO    Medicaid    Private  
**Policy Number:** **Group Number:**  
**Payor Contact Phone Number:**  
**Policyholder's Name:**  
**Employer's Name:**  
**Effective Date:**

### 3. Ordering Physician Information

**Physician's Name:**  
**Address:**  
**City:** **State:** **Zip:**  
**Phone Number:**

### 4. Patient's Clinical Information

Fax the most recent signed physician order.  
Fax a current history and physical.

**Patient's Height:** **Patient's Weight:**  
**Allergies:**  
**Diagnosis/ ICD-9 Code(s):**  
**IV Access Type:** Broviac    Button    Epidural    Femoral    G-Tube  
                                 Groshong    Hickman    Hohn    IM    Implanted Pump  
                                 J-Tube    Jugular    Landmark    Midline    NG Enteral  
                                 NJ Enteral    Neostar    Nerve block    Peripheral    PICC  
                                 Subcutaneous    Subclavian    Tri-fusion    Weighted NG Tube

**Number of Lumens:**  
**Access Placement:**

### 5. Transfer of Care Steps (Complete at Discharge)

Fax the complete signed physician order including specific HOME INFUSION orders.  
Fax a list of discharge medications.  
Call (800)-637-9201 and update the coordinator of the actual discharge date/time and the next scheduled dose due.