



Referral to Palliative Care Services

3327 Timber Fall Court • Eureka, CA 95503 • Phone (707) 267-9880 • Fax (707) 445-2204

Please complete this form to provide information and the reason for referral to Palliative Care Services with Hospice of Humboldt. Return by **fax to (707) 445-2204**.
If you have any questions please do not hesitate to call us at (707) 267-9880.

Provider making referral: _____ Date of referral: _____

Patient's name: _____ Patient's DOB: _____

Patient's Best Contact Number (and name of contact if not patient): _____

Diagnosis: _____

Please tell us what has been discussed with the patient and about your or their primary concerns so we know a little about them before we reach out.

SECTION BELOW MUST BE COMPLETED TO ACCEPT REFERRAL

- Patient has terminal prognosis of one (1) year or less.
 Patient (or family if patient is incapacitated) has been told about terminal prognosis of one (1) year, has given permission for the referral, and understands what a Palliative Care Services referral means.

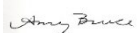
Date of discussion: _____ By whom: _____

Discussion Notes: _____

- The patient is currently experiencing unmanaged pain or other symptoms. Please explain:

- Describe the current or anticipated therapies or other treatments: _____

We appreciate your referral and hope to assist your patient during this critical time in their life.

Referral to Palliative Care Services	Created by: Palliative Care Administrative Assistant	Date Created: 02/28/2022
Responsible Director: Program Director, Palliative Care	E signature of Director: 	Last Review/Revision: 01/06/2023