PALLIATIVE CARE SERVICES
Provided by Hospice of Humboldt

3327 Timber Fall Court
Eureka, CA 95503-4894
Ph. (707) 267-9880
Fax (707) 445-2209

Referral to Palliative Care Services

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.

☐ Patient (or family if patient is incapacitated) has been told about terminal prognosis, 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 experiencing pain or other symptoms that need to be addressed promptly.
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: Amy Bruce	Last Review/Revision: 08/16/2022