



## 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.**

**SECTIONS 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: Director of Patient Care Services	E signature of Director: 	Last Review/Revision: 01/06/2023