



Hospice of Humboldt

3327 Timber Fall Court

Eureka, CA 95503

Admissions Phone: (707) 445-5042

Admissions Fax: (707) 445-5041

Referral to Hospice

Please call Hospice Admissions Department at (707) 445-5042 with all referral needs. This will ensure that we received the referral and necessary information required.

Please fill out the information and fax this sheet with recent records to Hospice Admissions Department at (707) 445-5041:

Physician making referral _____ Date of referral _____

Patient's name _____ Diagnosis _____

- Patient (or family if patient is incapacitated) has been told about terminal prognosis, has given permission for the referral, and understands what a Hospice 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: _____

- Patient is not alert or cognizant and the patient's representative appointed on the Advance Directive has been notified.

Patient's representative name _____ Phone number _____

- Current or anticipated therapies or other treatments. _____
