



**Lewis County
Health System**
Your Health Partner

Referral Form
Lewis County Hospice
7785 North State Street
Lowville NY 13367
315-376-5308

First _____ MI _____ Last _____

DOB: _____ Age: _____ Marital Status _____ Sex: _____ SS#: _____

Address: _____

HCP : Y / N Agent: _____ DNR: Y / N MOLST: Y / N

Terminal Diagnosis: _____

Prognosis: _____ Co-morbidities: _____

Other Information about illness: _____

Referring Provider: _____ Phone: _____

Primary Care Provider: _____ Phone: _____

Currently Located: Hospital / Home / Nursing Home/ Other: _____

Specify Location: _____

Where does patient wish to receive hospice?: _____
(Nursing Home? Home? Caregivers home? Etc...)

Address where patient will be residing: _____

(If different from address above) _____

Primary Contact Person: _____ Relationship: _____

Primary Contact Phone: _____

Additional Information: _____

Referral Source: _____ Phone: _____

Please call our office at 315-376-5308 to ensure the referral is received

Please ensure the following information is enclosed within the referral :

Physicians need to provide a clear TERMINAL DIAGNOSIS. We can never use Failure to Thrive as a diagnosis.

- Facesheet
- Insurance information
- H&P and/or detailed provider progress note indicating the decline within the last 6 months (nursing notes do not suffice)
- Labs/diagnostics/X-rays/Scans/Echos
- Current weight
- MOLST/DNR/HCP
- Medication list for discharge
- Discharge summary listing any skilled nursing needs ex: foley, colostomy, wound care, oxygen therapy...

LEWIS COUNTY HOSPICE

PHONE- (315)-376-5308

FAX-(315)376-5435