

PATIENT INFORMATION

Patient Name:		DOB:
Date of Surgery:	Surgeon:	
Type of Surgery:		
Location of Surgery:		
PCP Name:	PCP Phone Number:	
Patient Follow-up Appointment Scheduled For:		

ADDITIONAL DISCIPLINES

- SKILLED NURSING** – to assess and educate on medication management, disease process, actual/potential complication of disease process, changes in vital signs and/or labs and safety of current living situation.
- OCCUPATIONAL THERAPY** – to evaluate and treat
- MSW** – to evaluate and treat any psychosocial concerns.

THERAPY INFORMATION

HOSPITAL SURGERIES – Physical Therapy per Physician Protocol: *(please select one of the following)*

- to evaluate and treat at patient's home, 2 days following **INPATIENT** surgery at hospital
- to evaluate and treat at patient's home, 1 day following **BEDDED OUTPATIENT** surgery at hospital
- to evaluate and treat at patient's home, 1 day following **SAME DAY DISCHARGE** from hospital

ASC SURGERIES – Physical Therapy:

- to evaluate and treat, per physician protocol, at patient's home, 1 day following surgery at ASC.

ADDITIONAL INFORMATION

IN ADDITION TO THIS REFERRAL FORM, PLEASE FAX PORTER HILLS HOME HEALTH CARE THE FOLLOWING AT 616.575.5123:

- Face Sheet; including demographics and insurance
- Most recent visit note