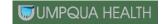


Advanced Illness Care Referral Form



Referral Guidelines and Process

- 1. Insurance accepted: (Umpqua Health OHP)
- 2. Fax Referral Form and order to (503) 416-1323 or call 541-566-7004 for assistance

| | ferral Contact Information |
|--|---|
| | Date: |
| Phone #:En | nail Address: |
| Referral from: \square Health Plan \square Hospital \square Cli | inic, Name: |
| Please include the following information with o Recent clinician chart/case notes a palliative care | referral: and labs & recent admission H&P/discharge summary and order for |
| | Patient Information |
| Patient Name: | DOB: |
| SS#Phone #: | Insurance ID# |
| Alternative Contact Name: | Relationship: |
| Alt Phone # DPC | Relationship:DA/Guardian: |
| | Referral Information |
| Reason for Referral: | Telefrai mormation |
| Primary Diagnosis: | |
| Is the patient aware of their diagnos | sis and prognosis: Yes No Unknown |
| sychosocial/Safety concerns: | |
| | |
| Please include any information that will help | with outreach and support of this patient: |



Advanced Illness Care Referral Form



| Care Team Information: | |
|------------------------|---|
| PCP: | Phone # |
| Clinic: | |
| | Phone # |
| Clinic: | Specialist is aware of referral? ☐ Yes ☐ No |
| Specialist: | _Phone#_ |
| Clinic: | Specialist is aware of referral? ☐ Yes ☐ No |

If you are uncertain of eligibility or if you have any questions, please call (541)566-7004.