

Lighthouse Hospice Referral

In the interest of PHI, please fax to: 1-856-414-1313

Referral date _____ Informational date/initials _____ IPOC date/initials _____

Person calling _____ phone _____ bpr _____

How did they hear about LHI _____

Patient Name _____ Home Phone _____

Address _____

SSN _____ DOB _____ Age _____ Gender _____ Race _____

Primary Hospice Dx _____

Co-Morbidities _____

Significant H & P _____

Allergies _____

Is patient/family aware of disease prognosis? _____ Hospice? _____ Veteran? _____

Primary physician: _____ Phone _____

Oncologist/consulting physician _____ Phone _____

Family contact _____ Phone _____

Family address _____

Family contact _____ Phone _____

Family address _____

Medicare _____ Medicaid _____

Private _____ ID # _____ Group # _____

Religion _____ Church _____ Pastor _____

DNR / DNI / DNH / Living Will / POA / DPOA / Copies available? Yes / No

Comments _____

1-888-HOSPICE