



HealthEast Hospice Referral Form

Thank you for considering HealthEast Hospice Care. We use a team approach to end-of-life care so that patients and families receive the support and service they need. We say Yes!

HOW TO MAKE A REFERRAL

1. Phone our office at 651-232-3767; or
2. Complete and fax the following form to 651-232-3586.

Date: _____ Time: _____

Patient Name: _____ D.O.B: _____

Address: _____

City: _____ State: _____ Zip: _____ Phone: _____

Primary Contact Person: _____ Phone: _____

Current Location: Home Home Hospital Nursing Home Other: _____

If you are a provider (MD, NP, or Care Team), please fax to 651-232-3586 the following.

- ✓ Order for hospice
- ✓ Current Meds
- ✓ Nurses Notes and MD Notes
- ✓ Face Sheet
- ✓ Labs
- ✓ Weights

