



Children's HomeCare Referral

Fax Cover Sheet

*Please contact CHHC HomeCare by phone prior to faxing referral:

FAX to: 858-966-4956

Date: _____

From: Staff initiating referral _____

Phone/ext _____

Pt Last Name _____ AKA _____ First _____

Location _____

Required by CHHC HomeCare to accept referral (include with fax):

- Patient name, location
- Family is aware of home health visit and agrees to possible financial responsibility if unable to verify benefits or authorization
- Names of ordering and attending MD's
- Verification of address and phone number/location of visit (if different from home address)
- Physicians order for home health (specific care/meds required)
- History and Physical/Progress notes
- Special language requirements
- If you are requesting medications, procedures, wound care, etc. we must have a copy of the discharge orders to Provide care

8am-5pm

Contact CHHC HomeCare by phone prior to faxing referral
858-966-4941

After hours and weekends 858-966-4941 press 0 and request to speak to RN on call **Please do not leave a message after hours but speak to RN directly**

Confidentiality Notice and Note on Patient Records

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