



Harpeth Family Medicine

PALLIATIVE CARE SERVICE

Fax to 615 - 932 - 7270

Office - 8115 Isabella Lane, Suite 12, Brentwood, TN 37027

Please provide any related documentation listed below. Thank you!

Facility Face Sheet

Imaging Reports

Last Office Visit Note

Insurance Documentation

Lab Results.

Medication Profile

Demographics	Patient: _____ DOB: _____
	Tel: _____ Alt Contact Name: _____
	Relationship: _____ Alt Contact Tel: _____
	Facility: _____ Room: _____
	Address: _____
Evaluate and Treat as Indicated	Reason(s) for referral:
	<input type="checkbox"/> Uncertainty regarding prognosis
	<input type="checkbox"/> Pain
	<input type="checkbox"/> New diagnosis of life-limiting illness
	<input type="checkbox"/> Nausea & Vomiting
	<input type="checkbox"/> Declining ability to complete ADLs
	<input type="checkbox"/> Dyspnea
	<input type="checkbox"/> 2 or more hospitalizations within last 3 months
<input type="checkbox"/> Progressive Weight Loss	
<input type="checkbox"/> Advanced Care Planning	
<input type="checkbox"/> Anxiety/Behavior	
<input type="checkbox"/> Psychosocial Support	
<input type="checkbox"/> Other: (specify) _____	
<input type="checkbox"/> Limited social support in setting of life-limiting illness	
Referring Provider	Referring MD/DO/NP/PA: _____ Tel: _____
	_____ [please print] Fax: _____
	Provider type: <input type="checkbox"/> PCP <input type="checkbox"/> Specialist <input type="checkbox"/> Hospitalist
	PCP: _____ Fax: _____
Initial Evaluation Location	<input type="checkbox"/> Home <input type="checkbox"/> Palliative Care Office
	<input type="checkbox"/> Facility: _____ <input type="checkbox"/> Room: _____

Provider Signature: _____ Date: _____

FAX REFERRAL TO HFMP - 615 - 932 - 7270, CALL 615 - 309 - 0080

harpethfamilymedicine.com