

HOME HEALTH CARE REFERRAL CHECKLIST

The following information is needed for the patient to have Start of Care (SOC).

- Patient demographics
- Preferred phone number to contact patient after discharge. *(Add this information to discharge summary [examples: patient's cell or home phone number; family member's home or cell phone number; residence phone number where patient is discharged])*
- Signed or electronically signed home care order by an MD, DO, DPM, NP, CNP, FNP, PA or CNS
- Name of Primary Care Physician (PCP). (If none, please note)
- Admission note—History and Physical
- Transition of Care or Discharge Summary
 - Include medication list
 - Include wound care orders
- Wound Care Orders
 - Include wound care evaluation completed in the hospital, if available
 - Send wound care supplies with patient upon discharge
- For complex cases like IV/TPNs include:
 - Supplier
 - Name of medication, including duration, dosing and time the nurse needs to be there for SOC

Abbreviation: IV/TPN = Intravenous/Total Parenteral Nutrition



SUPERIOR HEALTH
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