Senior Care
by Primary Clinic

# HOME HEALTH REFERRAL

**Fax referrals to: 478.202.2488**

Georgia Primary Care LLC dba Primary Clinic Senior Care
1445 Woodmont Ln NW #2866, Atlanta, GA 30318
pcSeniorCare.com

### Purpose

Use this form to refer Medicare patients who need virtual primary care support, chronic disease management, medication review, post-discharge follow-up, care coordination, or collaboration with home health services.

## 1 Referring Home Health Agency / Referral Source

**Agency Name**

**Agency Contact Name / Title**

**Agency Phone**

**Agency Fax**

**Agency Email**

**Date of Referral**

## 2 Patient Information

**Patient Full Name**

**Date of Birth**

**Phone**

**Patient Address**

**Primary Insurance / Medicare ID**

**Secondary Insurance / Medicaid, if applicable**

**Emergency Contact / Caregiver**

**Caregiver Phone / Relationship**

## 3 Medicare / Program Fit

- ☐ Medicare patient
- ☐ Medicare Advantage patient
- ☐ Medicaid secondary
- ☐ Patient/caregiver is aware of referral
- ☐ Patient has internet/video access
- ☐ Needs help with setup

## 4 Reason for Referral - Check All That Apply

- ☐ Needs primary care provider
- ☐ Post-hospital / ER follow-up
- ☐ Medication reconciliation
- ☐ Chronic disease management
- ☐ Frequent home health coordination
- ☐ Hypertension / CHF / COPD / diabetes support
- ☐ Cognitive decline / dementia support
- ☐ Fall risk / functional decline
- ☐ Caregiver support / communication
- ☐ RPM consideration
- ☐ Behavioral health screening/support
- ☐ Advance care planning

## 5 Clinical Summary

**Primary Diagnosis / Problem List**

**Current Concerns / Recent Change in Condition**

**Current Home Health Services / Disciplines Involved**

**Current PCP / Specialist, if known**

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## 6 Medication / Safety Concerns

- ☐ Polypharmacy
- ☐ Recent medication change
- ☐ Medication adherence concerns
- ☐ Needs refills

**Medication Concerns / High-Risk Medications / Refills Needed**

## 7 Requested Action

- ☐ Contact patient/caregiver for enrollment
- ☐ Review recent discharge / records
- ☐ Evaluate for APCM/chronic care support
- ☐ Review medications and refill needs
- ☐ Other: _____
- ☐ Schedule Medicare new patient visit
- ☐ Coordinate with home health team
- ☐ Evaluate for RPM
- ☐ Provide orders/signature support as appropriate

**Other Requested Action**

## 8 Documents Attached / Requested

- ☐ Face sheet / demographics
- ☐ Hospital discharge summary
- ☐ Recent imaging reports
- ☐ Medication list
- ☐ Home health plan of care / 485
- ☐ Insurance card / Medicare card
- ☐ Most recent H&P or visit note
- ☐ Recent labs
- ☐ Advance directive / POA, if available

## 9 Notes for Primary Clinic Senior Care

**Send completed referral and available records by fax:**

**478.202.2488**

Please include a cover sheet when faxing protected health information.

Primary Clinic Senior Care provides virtual Medicare care coordination, chronic disease management, medication review, and home health collaboration.