



AMICABLE HOMECARE, INC.

13819 San Antonio Drive, Norwalk CA 90650-4034

Tel # (562) 868-8881 Fax# (562) 868-8488

PHYSICIAN REFERRAL ORDER

PATIENT'S NAME: _____ MR #: _____

DIAGNOSIS: _____

T/C Fax: from _____ with referral on _____

NEW ORDERS: Referral for Home Health Services:

SN - Skilled Nursing Evaluation for home safety, CV/CP status, medication response/management, diet regimen/management, nutrition/hydration status, skin integrity status and patient's knowledge re: disease process/management.

Administration of IM IV SQ Injection: _____

Flushing Instructions: _____

Wound Care/Decub Care: SN to assess upon Initial Evaluation
 Specify: _____

SN to perform: Manual Disimpaction w/ follow up enema Insertion of F/C GT NGT
size FR ____/____ CC Enteral Foley Cath I&O procedure Diabetic Education

DME: _____

Blood Draws for Labs: _____

PT- Physical Therapy Evaluation therapeutic exercises gait/transfer exercise safety assessment

OT- Occupational Therapy Evaluation ADL training therapeutic exercises energy conservation perpetual retraining

ST- Speech Therapy Evaluation Swallowing Assessment

MSS- Medical Social Service Evaluation community resources Pt/family counseling LTC planning, placement

CHHA - Home Health Aide to assist with bathing ADL's, skin care, tidy patient's area and linen

ORDERS TAKEN BY: _____ DATE: _____ TIME: _____

ORDERING PHYSICIAN: _____ VERBAL TELEPHONE FAX MAIL

PHYSICIAN'S SIGNATURE: _____ DATE: _____