CareMate Home Health Care, Inc
2236 Marshall Ave
(651) 659-0208
Fax: (651) 659-0161

Intake Referral

Spend down
Yes ☐ No ☐
Per:
C.M. ☐
Client ☐

Referral Taken By:_____ Referral Source: _____ Date: _____ Time: _____

Patient Name: _____ M ☐ F ☐ Age: _____ DOB: _____

Billing Source: _____ SSN: _____

PMI No: _____ Medicare No: _____ HMO No: _____

Address: _____ Phone: _____

City: _____ County: y _____ State: _____ Zip: _____

Emergency Contact: _____ Relationship: _____ Phone: _____

Address: _____ Business Phone: _____

Legally Responsible Party: _____ RP ☐ POA ☐

Person Calling: _____ Phone: _____

Relationship to Client: _____

Case Manager: _____ Phone: _____

Financial Worker: _____ Phone: _____

Primary Diagnosis: _____ Date of Onset: _____

Secondary Diagnosis: _____ Date of Onset: _____

Patient aware of Diagnosis: Y ☐ N ☐ Recent Surgery: _____ Date:_____

Primary
Physician: _____ Specialty: _____

NPI # _____ Clinic: _____ Phone: _____ Fax: _____

Address: _____ City: _____ State: _____ Zip: _____

Hospital: _____ Admit: _____ Discharge: _____

Patient lives with: Spouse ☐ Relative ☐ Alone ☐ Others ☐

Requested Services: _____

_____

Spoken Language: _____

Additional Information:_____

_____

Other Services Received and From Where: _____

_____

REV 9/24/2014