



ResolutionCare

Shasta · Trinity · Lassen · Modoc

Palliative Care Referral

Phone: 707-442-5683

Fax: 707-442-2006

Fax Referral to (707) 442-2006

Referrals to Palliative Care should be discussed with the patient and/or family and caregivers prior to referral whenever possible.

Referred by

Facility Name: _____ **Referring Provider:** _____

Completed by: _____ **Department:** _____

Contact Phone: _____ **Fax Number:** _____

Patient Information

Full Name: _____
Last *First*

Phone: _____ **Alternate Phone:** _____

Date of Birth: _____ **Insurance:** Blue Shield Partnership HealthPlan

Date of Referral: _____ **Other** (Non-Palliative Benefitted Insurance)

Preferred Documentation Sent

<input type="checkbox"/> Facesheet/Demographic Info	<input type="checkbox"/> Pertinent Imaging Reports
<input type="checkbox"/> Current Medication List	<input type="checkbox"/> Last History & Physical
<input type="checkbox"/> Allergies	<input type="checkbox"/> Last Specialist Consult Note
<input type="checkbox"/> Recent Labs	<input type="checkbox"/> Discharge Summary (if applicable)

Clinical Reason for Referral