ResolutionCare

California - All Counties
Phone: (707) 442-5683
Fax: (707) 442-2006

Home-Based Palliative Care

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**

Referral Date: _____ ☐ **Health Net** ☐ **CA Health & Wellness**

Preferred Documentation Sent ☐ **Other Insurance** _____

☐ **Facesheet/Demographic Info**	☐ **Pertinent Imaging Reports**
☐ **Current Medication List**	☐ **Last History & Physical**
☐ **Allergies**	☐ **Last Specialist Consult Note**
☐ **Recent Labs**	☐ **Discharge Summary (if applicable)**

Clinical Reason for Referral