

Easy Fax Referral Form

St. Croix Hospice Intake
Phone: 855-278-2764
Fax: 651-328-6999

From: _____ Organization: _____

Phone: _____ Fax: _____

Notes: _____

Signs of the Silent Transition to Hospice

If your resident exhibits one or more of these symptoms, they may be beginning the silent transition to qualify for St. Croix Hospice care.

- | | |
|---|---|
| <input type="checkbox"/> Recent or progressive weight loss/gain | <input type="checkbox"/> Decreased stamina (excessive sleep) |
| <input type="checkbox"/> Decreased appetite | <input type="checkbox"/> Increased hospitalizations (past year) |
| <input type="checkbox"/> Increased falls (3+ times in 3 months) | <input type="checkbox"/> Increased number of infections |
| <input type="checkbox"/> Requires more assistance with ADLs | <input type="checkbox"/> Increased shortness of breath |
| <input type="checkbox"/> Increased wounds | <input type="checkbox"/> ER visits (3+ in one year) |
| <input type="checkbox"/> Wounds do not heal properly | <input type="checkbox"/> Physician's office visits missed |
| <input type="checkbox"/> Decreased communication | <input type="checkbox"/> Increased disorientation/confusion |
| <input type="checkbox"/> Difficulty swallowing | <input type="checkbox"/> Withdrawal from family/friends |
| <input type="checkbox"/> Decreased comprehension | <input type="checkbox"/> Less likely to smile |
| <input type="checkbox"/> Increased incontinence | <input type="checkbox"/> Taking 9+ daily medications |
| <input type="checkbox"/> Increased edema | <input type="checkbox"/> No longer making progress |

In order to process, please check **one** of the following.

- Please send a St. Croix Hospice representative to collect necessary clinical information
or
 This referral fax includes Face sheet, H&P, Med list, POA paperwork and any other pertinent information

Evaluate and Treat for St. Croix Hospice

Patient Name: _____ DOB: _____

Physician Signature: _____ Date: _____

Physician Name (please print): _____

Making a Referral is Easy!
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