

Please complete this form, include the patient's most recent H&P, Visit/Progress Note and Current Medication & Allergy List and email or fax it to the contact information listed above.

Patient Information			
Patient's Insurance:	<input type="checkbox"/> Highmark Medicare Advantage	<input type="checkbox"/> Highmark ACA	
Is this patient/caregiver aware of this referral?		<input type="checkbox"/> Yes <input type="checkbox"/> No	
Patient Name:		DOB:	
Phone Number:		Alt. Phone:	
Patient Address:		Alt. Address:	
Emergency/Caregiver Contact Information:	Name:		
	Relationship:		
	Phone Number:	Alt. Phone:	
Physician Information			
Referring Physician:		Phone Number:	
Referrer's Name:		Fax Number:	
PCP Name:		Phone Number:	
PCP Practice:		Fax Number:	
General Considerations			
Would you be surprised if this patient died in the next 12 months? <i>(check all boxes that apply)</i>			
<input type="checkbox"/> Decreased or declining functional status			
<input type="checkbox"/> Weight loss (5-10%) over the past 3-6 months			
<input type="checkbox"/> Multiple co-morbidities –optimally treated or patient declining treatment			
<input type="checkbox"/> Persistent, troublesome symptoms despite treatment of underlying condition (unacceptable level or pain, uncontrolled n/v, SOB, etc.)			
<input type="checkbox"/> New event or diagnosis that is likely to reduce life expectancy to < 1 year			
<input type="checkbox"/> None			
Utilization			
<input type="checkbox"/> Did the patient have 1, 2, or more hospital admissions/ED visits w/ 1 unplanned long-term/advanced illness?			
<input type="checkbox"/> Unplanned hospital admission (2 more in last 12 month ²) Date(s):			
<input type="checkbox"/> ED visits (2 or more in the last 6 months) (insert checkbox) Date(s):			
<input type="checkbox"/> No recent hospital admissions or ED visits			
Long-Term or Advanced Illness			
<input type="checkbox"/> Diagnosis of chronic/progressive disease(s)			
Please list most advanced disease state (s): <i>(ALS, Anxiety, Cancer, CV, CVA, COPD, Connective Tissues, Dementia, DM, HIV, Huntington's Liver, Renal, PVD)</i>			
Symptom Management:	Difficulty management symptoms? <input type="checkbox"/> Yes <input type="checkbox"/> No		
	Comments:		
Polypharmacy:	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Additional Clinical Notes:			