Hospice of Westchester
1025 Westchester Avenue
White Plains, NY 10604
Phone: 914-682-1484

PATIENT REFERRAL FORM

Thank you for choosing Hospice of Westchester. To ensure prompt processing of referrals, please ensure all information requested below is included in the return fax 914-559-3092 / 914-682-9425.

PROVIDER INFORMATION

Provider Name _____ Street Address _____

Telephone _____ Fax _____

Email Address _____ License# / NPI _____

PATIENT INFORMATION

Patient Name _____

Date of Birth _____

Social Security # _____

Street Address _____

Town/State/Zip _____

Medicare # _____

Medicaid # _____

Insurance Name _____

Insurance # _____

CAREGIVER INFORMATION

Caregiver Name _____

Relationship _____

Street Address _____

Town/State/Zip _____

Telephone # _____

Email Address _____

PATIENT DIAGNOSIS

Primary diagnosis _____

Medical reason for referral _____

_____

REQUIRED DOCUMENTATION

- Patient's Face Sheet
- MD Order showing hospice referral
- Note indicating family has been informed
- Patient's most recent provider note
- Summary of patient's past medical history
- Patient's current medication list