

# Oakhurst Hospice

860 Hampshire Road (Suite R)  
Westlake Village, CA. 91361  
Phone: 805-497-3118 Fax: 805-497-1556

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Phone Referral: 805 497 3118 or Fax Referral: 805 497 1556

PATIENT'S NAME: \_\_\_\_\_ PHONE: \_\_\_\_\_

ADDRESS: \_\_\_\_\_ CELL PHONE: \_\_\_\_\_

CITY: \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_

Private Residence  ALF / SNF: \_\_\_\_\_ ROOM / BED: \_\_\_\_\_

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DATE OF BIRTH: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ SSN: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

GENDER:  M /  F

MEDICARE# \_\_\_\_\_ MEDI-CAL# \_\_\_\_\_

PRIVATE INSURANCE \_\_\_\_\_ Subscriber ID # \_\_\_\_\_

If possible, please fax a copy of the patient's insurance card with this referral.

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PRIMARY CAREGIVER: \_\_\_\_\_

RELATIONSHIP: \_\_\_\_\_

CONTACT: \_\_\_\_\_ DPOA?  YES  NO

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HOSPICE DIAGNOSIS

Primary: \_\_\_\_\_

Secondary: \_\_\_\_\_

Other Significant Medical Data:

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Hospice Evaluation  Admit if Appropriate  H&P Attached

*Prognosis is 6 months or less if disease takes usual/expected course* Yes No

Referring Physician: \_\_\_\_\_ NPI# \_\_\_\_\_

Phone # \_\_\_\_\_ FAX# \_\_\_\_\_

Physician Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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