THE VASINDA COMPANIES
AROUND THE CLOCK
INTEGRITY ~ TRUST ~ COMPASSION ~ HEALING

FAST FAX REFERRAL

Fax To:

ACHC

Attn: Intake Department

Fax #661-864-1004

Phone #661-395-5800

Referred From: _____

Sent By:_____

Patient Name:_____

Please start services on date:_____

Attachments Required for Processing:_____

- ☐ **Face Sheet (required)**
- ☐ **Copies of Insurance Card (required)**
- ☐ **Diagnosis:_____**
- ☐ **History & Physical (if applicable)**
- ☐ **Face to Face form (if Medicare)**

Home Health Skilled Services

- ☐ **Skilled Nursing**
- ☐ **Physical Therapy**
- ☐ **Occupational Therapy**
- ☐ **Speech Therapy**
- ☐ **IV Therapy**
- ☐ **Home Safety Evaluation**
- ☐ **Ostomy Care**
- ☐ **Diabetic Care**
- ☐ **Social Services**
- ☐ **Home Health Aide**
- ☐ **Wound Specialty Nurse**
- ☐ **Negative Pressure Wound Therapy**
- ☐ **Foley Catheter Care**
- ☐ **G-tube Feedings**
- ☐ **Trach Care**

IV Dosage:_____ ☐ **Injections:_____**

☐ **Medical Equipment:_____**

Other Around the Clock Services

- ☐ **Care/Case Management**
- ☐ **Nurse Liaison Eval specify**
- ☐ **Assisted Living**
- ☐ **Payee Services**
- ☐ **Caregiver Training/Education**
- ☐ **Community Resources**

Facility: _____

Companion Care Services

☐ **Aide Care** ☐ **Housekeeping** ☐ **Bathing Services** ☐ **Transportation**

MD Orders and Instructions:_____

_____

_____

_____ _____

MD Signature Date