

REFERRAL TO



Compassionate Care
WESTERN NORTH CAROLINA
Wonderful Care When You Need It Most

856 GEORGES FORK RD

BURNSVILLE, NC 28714

PH: (828) 682-9675

FAX: (828) 682-4713

info@compassionatecarewnc.org

Assess patient and admit to hospice or palliative as appropriate

MD signature _____

Date of Referral: _____

Patient Name:

Patient: _____ Phone #: _____

Address: _____ SS#: _____

_____ Date of Birth: _____

Gender: _____

Marital Status: _____

Primary Care Physician:

Name: _____

Phone: _____

Fax: _____

Primary Caregiver:

Name: _____ Relationship: _____ Phone: _____

Payer Source:

Medicare No: _____

Medicaid No: _____

Other Insurance: _____

Policy No/Member ID: _____

Has the family been informed of referral? _____

Medical Equipment needed in the home? _____