



ADVANTAGE PLUS HOMECARE

Jasper 409-489-1496 (f) 409-489-1153

Beaumont 409-899-1665 (f) 409-899-1680

Orange 409-883-9902 (f) 409-883-9963

Lufkin 936-632-2370 (f) 936-632-4331

Phone:		CG/Relative:	
DOB:	SSN:	INS: MCR MCD PVT IND	
INS Name/ Number		Verified	
Emerg Contact:	Phone:	Fax:	
Other Contact:	Phone:	Fax:	
Ordering Physician:	Phone:	Fax:	
Address:		Last Seen:	
Other Physicians			
Inpatient within 14 days: Name:		Type:	
Admitted:	Discharged:	Room:	Phone:
Diagnosis:			
Pt Hx/surg:			
Allergies		Other:	

Initial Plan of Treatment

Verbal Order received from _____ on _____ for:
Physician Ordering Homecare Date order received

RN to evaluate, complete a comprehensive assessment and admit to Advantage Plus Homecare if appropriate.
 RN may teach on home safety, meds, diet, disease process, emergency procedures and knowledge deficits.

Other orders to include: _____

Nurse Signature: _____ Date: _____

Plan of care coordinated with _____ on _____
Physician Signing Homecare Orders Coordination of care date

Admitting Nurse Signature: _____ SOC: _____

Advantage Plus Homecare Referral Form

Referral Notes and Follow Up:

Patient Directions

Patient Directions:

Phone:

Directions:

Special Notes:

Alternate Name:

Phone:

Alternate Directions:
