



*of Northeastern New York*

ALBANY • SARATOGA • SCHENECTADY  
ESSEX • FRANKLIN • SCHOHARIE • WARREN

***Thank you for you interest in our services !***

To better serve our mutual clients, we require the following information to complete referrals: The highlighted\* areas are required before we can schedule any homecare visits. Thank you again for your cooperation in this area, so we can see your patients in a timely manner.

\***Active PCP's name:** \_\_\_\_\_

\***FACE-to-FACE** (*medicare eligible, signed by MD*)

\***Demographic Sheet** (*include next of kin, insurance info*)

\***History & Physical**

\***Active Med Rec/List** (*include dose, route, frequency*)

\***MD Progress Notes** (*last visit or any other pertinent notes*)

\***Diet** (*ie: regular, 1800 ADA diet, NCS, low-fat, etc...*)

\***Allergies**

\***Dates of flu and pneumococcal vaccines**

*If applicable:*

- Consults
- D/C orders
- D/C instructions
- D/C summary
- ER referral
- Therapy discharge summary
- Any recent Lab/test results
- List of Consulting MD's (*ie: Cardio, Pulmonary, Renal*)

***Please feel free to call with referral questions:  
518-382-7932 ext.306 fax 518-377-1089***

*Capital Region Office: 108 Erie Boulevard, Schenectady NY 12305 - 518-382-7932 fax: 518-377-1089  
Adirondack Office: 5839 Cascade Road, Lake Placid, NY 12946 - 518-533-3628 fax: 518-837-5026*