



Physician's Quick Fax Referral

Send to: AmeriCare Home Health
Attention: Intake Coordinator
Office Location:
Office Phone:
Fax Number:

From Doctor: _____
Contact Person: _____
Phone Number: _____
Fax Number: _____
Number of Pages, Including Cover: _____

Please include a face sheet and H&P

Patient Name: _____

Diagnosis: _____

Early Intervention & Disease Management Programs

CHF COPD Diabetic Stroke Joint Lymphedema Behavioral Health

Vestibular/Balance Chronic Lung Disease Low Vision

Evaluate and Treat: RN PT OT ST MSW PSYCH HHA

Orders: _____

Physician's Printed Name: _____

Physician's Signature: _____ Date: _____

HHA# HHA299991968 & HHA299993282

Thank you for your business!

All information contained herein is confidential. If you believe you have received this fax in error please call the phone number listed above.