



# VNSNY Physician Referral Form

VISITING NURSE SERVICE OF NEW YORK

## REASON FOR HOME CARE/MD ORDERS

TO MAKE A PHONE REFERRAL TO FAX A REFERRAL  
**1-866-MD-CALLS 1-718-536-3242**

GENERAL HOME CARE  HOSPICE  CHOICE  LTC  
REQUESTED START OF CARE DATE: \_\_\_\_\_

### PHYSICIAN SIGNING HOME CARE ORDERS

PHYSICIAN NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

TELEPHONE # \_\_\_\_\_ FAX # \_\_\_\_\_  
( ) ( )

NPI # \_\_\_\_\_ LICENSE # \_\_\_\_\_

OFFICE CONTACT \_\_\_\_\_ TELEPHONE # \_\_\_\_\_

PHYSICIAN SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

### PATIENT INFORMATION

LAST NAME \_\_\_\_\_ FIRST NAME \_\_\_\_\_

SEX  Male  Female TELEPHONE #1 \_\_\_\_\_ TELEPHONE #2 \_\_\_\_\_

SERVICE ADDRESS \_\_\_\_\_ APT/BLDG# \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

DATE OF BIRTH \_\_\_\_\_ SOCIAL SECURITY # \_\_\_\_\_

LANGUAGE SPOKEN BY PATIENT \_\_\_\_\_

**MENTAL HEALTH STATUS:** Is the patient  Yes  No  
 Oriented  Forgetful  Confused self-directing?  No

LIVES WITH  Caregiver  Family  Alone

EMERGENCY CONTACT / RELATIONSHIP \_\_\_\_\_

CONTACT TELEPHONE # \_\_\_\_\_  
Day \_\_\_\_\_ Evening \_\_\_\_\_

### INSURANCE INFORMATION

MEDICARE # \_\_\_\_\_ MEDICAID # \_\_\_\_\_

COMMERCIAL INSURANCE CARRIER (NAME & AUTHORIZATION #) \_\_\_\_\_

SUBSCRIBER \_\_\_\_\_

POLICY # \_\_\_\_\_ GROUP # \_\_\_\_\_

CASE MANAGER @ PAYOR \_\_\_\_\_

### SECONDARY INSURANCE INFORMATION

COMMERCIAL INSURANCE CARRIER (NAME & AUTHORIZATION #) \_\_\_\_\_

SUBSCRIBER \_\_\_\_\_ POLICY # \_\_\_\_\_ GROUP # \_\_\_\_\_

**HOME CARE DIAGNOSIS:**  
1. \_\_\_\_\_  
2. \_\_\_\_\_  
3. \_\_\_\_\_

**PMH:** \_\_\_\_\_

**ALLERGIES:** \_\_\_\_\_

**DIETARY RESTRICTIONS:** \_\_\_\_\_

**IS THE PATIENT HOMEBOUND?**  YES  NO

**MEDICATIONS / DOSE / FREQUENCY / ROUTE:**  Meds list attached

**DIABETES:**  TYPE 1  TYPE 2  GESTATIONAL

Teach diabetic management/self care  Teach glucose monitoring

Contact MD if blood glucose is above \_\_\_\_\_ or below \_\_\_\_\_

Current HbA1c \_\_\_\_\_ Current glucose \_\_\_\_\_

Glucometer and supplies in home?  YES  NO

**CARDIOVASCULAR DISORDERS:**

Educate on signs and symptoms of: CHF, MI, CAD, A.Fib, HTN

Assess cardiac status  Daily weight recording  Current weight \_\_\_\_\_

Contact MD for BP systolic above \_\_\_\_\_ or below \_\_\_\_\_

diastolic above \_\_\_\_\_ or below \_\_\_\_\_

Apical pulse above \_\_\_\_\_ or below \_\_\_\_\_

**WOUNDS:**

24-hour supplies or prescription given

Neurogenic  Pressure  Venous  Arterial

Location \_\_\_\_\_

Stage & size of wound \_\_\_\_\_

Hydrogel  Ca-Alginate  Hydrocolloid  NS wet to damp

Other \_\_\_\_\_

Irrigate  Cleanse  Solution \_\_\_\_\_

3-5 wk  1-2 wk  Daily  Other \_\_\_\_\_

**MEDICATIONS / DIET CHANGES:**  Teach nutrition

Teach medication and adherence with new/old regimens

**ASTHMA / COPD:**  Assess home for triggers

Educate on disease management  Peak Flow Meter

Educate on use of nebulizers/inhalers  Educate O<sub>2</sub> precautions

**GAIT / AMBULATORY STATUS:**  Unassisted

Bedbound  Assistive device \_\_\_\_\_

Evaluate home safety  Assess equipment needs  Yes

Did patient have a Rehab Hospital/Unit admission within the last 10 days?  No

**SKILLED SERVICES:** Frequency: \_\_\_\_\_ times per week for \_\_\_\_\_ weeks

RN  PT  OT  ST  MSW  HHA

**ADDITIONAL INFORMATION:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Note: VNSNY may need additional information to complete the referral.

## Physician Relations Program

### *Community Referrals*

Visiting Nurse Service of New York professional staff can assist you with the care of your community-based patients. We are the gold standard in home health care and your patients will receive the benefit of our expertise.

VNSNY staff includes registered nurses, clinical nurse specialists, physical therapists, occupational therapists, speech pathologists, social workers, nutritionists and home health aides. We are available to patients as needed and as covered by Medicare, Medicaid and third-party insurers. Some of our programs are outlined to the right.

#### To make a Referral:

Call: **1-866-MD-CALLS  
(1-866-632-2557)**

Or

Fax: **1-718-536-3242**



[www.vnsny.org](http://www.vnsny.org)

*VNSNY interventions benefit both you and your patients.*

*We can:*

### **Cellulitis / Wounds**

- Provide specific wound interventions
- Monitor antibiotic therapies
- Educate on causes and prevention
- Arrange joint VNSNY / MD visits for complex wound cases

### **Asthma / COPD**

- Assess "triggers"
- Educate on use of nebulizers / inhalers
- Provide physical therapy for breathing and exercises
- Implement VNSNY's own Asthma Prevention or COPD Program

### **Cardiovascular Disorders**

- Educate on signs and symptoms of: CHF, MI, CAD, A. Fib, etc.
- Assess cardiac status
- Teach nutrition / daily weight recordings
- Arrange lab tests / provide values
- Provide physical therapy for ambulation and light exercise

### **Diabetes**

- Manage insulin / non-insulin dependent diabetics
- Teach nutrition / glucose monitoring
- Assess signs and symptoms of hypo / hyperglycemia
- Instruct on skin and foot care
- Provide special adaptive devices
- Evaluate physical therapy for balance and falls

### **HIV / AIDS**

- HIV / AIDS Long Term Home Health Care Program
- Round-the-clock nursing care
- Home attendant / home health aides services
- Mental health services / Substance use counseling

### **Hypertension**

- Monitor blood pressure
- Teach nutrition / stress management

### **Gait Abnormality**

- Evaluate home safety / Assess equipment needs
- Provide physical therapy / equipment
- Teach exercises for balance to decrease falls

### **Psychosocial Problems**

- Assess home situation
- Offer crisis intervention
- Provide short-term counseling / Provide long-term care planning

### **Medication Changes**

- Instruct on medications and compliance with new / old regimens
- Educate on proper nutrition