



Physician Referral for VNA Home Care Services

1110 Prim Road, Colchester, VT 05446 www.vnacares.org
Intake Phone: 802-860-4400 (Toll Free) 800-427-1908 (FAX) 802-860-4464

1. Please indicate your patient's home care needs on checklist below
2. VNA to access all patient demographics, notes, and information from FAHC EPIC/PRISM **OR**
 Patient information not in PRISM – see attached demographics, insurance information, current medication and problem list, and notes from last/pertinent office visit or phone encounter(s)
3. Submit referral one of the following ways:
 - On secure VNA website www.vnacares.org Fax to (802) 860-4464
 - E-mail to Intake Dept. at nurse@vnacares.org Call to Intake Dept. at 860-4400

Thank you for referring your patient to the VNA!

Patient name: _____ Date of Birth: _____

Referring MD: _____

MD who will sign VNA home care orders (if different from referring MD): _____

Contact or Power of Attorney if patient is cognitively impaired: _____

Who should we call at your office for questions? _____ Phone: _____

Check any that apply:

- Medication management:**
 - Recent changes in medication/New medication/Multiple medications
 - Patient or caregiver confused about medications or schedule
 - Patient needs evaluation of unexpected symptoms possibly related to medication
- Disease management (Nursing assessment, education, treatment):**
 - Hypertension or abnormal blood pressure CAD
 - CHF COPD
 - Diabetes Arthritis
 - CVA
 - Other Neuro/Rehab: **Neuro Rehab Nurse** evaluation
 - Ostomy/incontinence **CWOCNurse** assessment
 - IV Therapy (please call intake to discuss needs and administration schedule)
 - Wound care: Pressure ulcers Vascular ulcers Post surgical wound Other
 - Cognitive/Dementia/Mental Health
 - Family concerns/Respite needs **Mental Health Nurse** evaluation
 - Safety issues: needs prompt home assessment visit
 - Other:
- Assessment of care needs:**
 - Recent decline in functional ability Pt. or family concerned about managing at home
 - Assess need for assistance with personal care/hygiene and bathing
 - Multiple hospitalizations/ED visits/frequent office visits
 - MSW:** Needs long term planning or different living situation Assess for Choices for Care
 - Discuss Advance Directives
- Rehabilitation and therapies (PT, OT, Speech):**
 - Recent falls Wheelchair/seating evaluation
 - Assess needs for home equipment/adaptive devices **Occupational Therapy**
 - Speech Therapy**
 - Physical therapy**
 - Mobility/gait assessment and training Strength training /exercise program
 - Post surgical assessment and treatment Home safety evaluation
- End of Life Care:** Palliative Care Hospice Care Pt. aware of prognosis
- Vermont Respite House:** Contact patient or family member to evaluate for admission to VRH
- Private Care/Shift Care/Homemaking Assistance:** Contact patient or family to discuss needs
- Adult Day Program:** Contact patient or family to discuss and arrange a visit to an Adult Day site