PRIMEX HEALTHCARE SERVICES INC.

Home Health Referral Form (Fillable)

Email completed form to referrals@primexhealth.com Fax (408) 735-7447 Questions? Call (831) 297-7112

1. Referring Provider Information

First name

Last name

Practice Name

NPI Number

Address

Phone

Email

Date

Month Day Year

---

2. Patient Information

Full name

Birthday

Month Day Year

Phone

Address

Insurance Company

Member ID #

Primary language

Emergency Contact / Phone

---

3. Requested Services

Select requested services:

☐ Skilled Nursing ☐ Home Health Aide

---

4. Diagnosis / ICD-10 Codes

Primary Diagnosis

Secondary Diagnosis

---

5. Orders / Special Instructions

Orders / Special Instructions

Frequency of Visits

---

6. Attachments

Attached:

☐ Face Sheet ☐ H&P ☐ Medication List ☐ Insurance card ☐ Signed MD Orders