Person Making Referral: ________________ Phone: ________________ Facility: ________________

Patient Name: ________________________ DOB: ________________ SS#: ________________

Managed Care Plan: ____

Managed Care CM or Hospital CM Contact: ________________ Phone & Ext: ________________

Reason for Referral:

____

Primary Diagnosis:

____

Special Treatments: i.e. wound care, PT, IV ABTs, resp. care, glucose monitoring, Non wt. bearing: Please describe:

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Medical Records: (Past and Present)

☐ COVID-19 Negative Results (Required)
☐ TB Results - PPD or CXR (Required)
☐ Face Sheet (Required)
☐ MAR & Medications on Discharge (reconciliation)
☐ Labs & X-Rays & Diagnostic Studies
☐ MD Progress notes
☐ Discharge Orders

Other Records:
☐ Behavioral Diagnosis Information
☐ Psychotropic Medications
☐ Special Equipment (DME) (Oxygen) or Other
☐ Special Dietary Records

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HORIZON
RECUPERATIVE CARE

ADLs & Special Needs

Independent with ADLs	☐ Yes	☐ No
Recent Falls	☐ Yes	☐ No
Continent	☐ Yes	☐ No
If incontinent can change own Diaper	☐ Yes	☐ No
Is Patient Ambulatory	☐ Yes	☐ No
If not ambulatory independent with mobility	☐ Yes	☐ No
Is Patient Competent	☐ Yes	☐ No
History of Dementia or Alzheimer's	☐ Yes	☐ No
History of MRSA or other isolation	☐ Yes	☐ No
History of recent substance use	☐ Yes	☐ No

If so Describe: -

Signs of Withdrawal	☐ Yes	☐ No
Is pt. on Methadone	☐ Yes	☐ No
If so enrolled in a Methadone Program	☐ Yes	☐ No

Program information & Phone #:

Psych Diagnosis:	☐ Yes	☐ No DX:
Is Pt. Receiving Psychiatric Care	☐ Yes	☐ No

If so please specify where:

Public Health Disclosure TB:

All homeless persons are at risk for TB. Any homeless person with a new cough or change in cough for three weeks or with pulmonary symptoms suggestive of pneumonia must have CXR.

There is a rise in the incidence of communicable diseases. In order to effectively manage client illnesses. CMIS requires that you report communicable diseases. This includes but is not limited to TB, VRE, MRSA. C-DIFF.

If a patient has been identified to have scabies it is required that they have undergone treatment and have been cleared prior to admitting to the CMIS Program

HORIZON
RECUPERATIVE CARE

ADMISSION CRITERIA:

1. Must have a primary medical problem
2. Must be physically and psychiatrically stable to receive care in a medical respite setting
3. Must be in need of short-term recuperative care
4. Must be able to participate in ADLs
5. If on Methadone must be in a Methadone Program
6. Must be mentally competent

EXCLUSION CRITERIA:

1. Incomplete treatment of Scabies
2. Unable to transfer or perform ALDs
3. C. diff / MRSA / TB
4. Dementia/Memory Loss
5. Combative/Violent behavior
6. Hallucination/Delusion
7. Psychiatrically Unstable
8. Unable to self-represent
9. Unable to perform ADL and transfer with assistance

Length of respite stay (projected): ________________ Interpreter language needed: ________________

Other Communications from Assessing or Referring Representative:

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