

Referral Form

Solace House of the Ozarks, Inc.

Criteria for Admission to Solace House of the Ozarks

- Each guest must be contracted with a local, Medicare-certified hospice provider.
- Each guest must have a terminal diagnosis and prognosis of approximately 30 days or less.
- Guests will be admitted for end-of-life care on a first-come, first-served basis as long as their needs are within our scope of care.
- Each guest will have a DO NOT RESUSCITATE (DNR) order in place.
- Guests with Stage III or IV pressure ulcers or contagious infections **will not** be admitted.
- Guests **may not have** behavioral issues that may cause a danger to themselves or others
- Guests **will not** be admitted if skilled nursing care is required. This includes trach care; IV medication administration – either through IV push or portable medication pumps; nutrition through feeding (gastrostomy or nasogastric) tubes; extensive wound care; blood sugar checks; drains of any kind; ileostomy or colostomy needs. *These items fall outside our scope of care.*
- Guests **must** come from the hospital with foley already inserted. Emptying foley catheter bags for urine **is** however within our scope of care.

Today's Date _____

Patient Name _____ Date of Birth _____

Home Address _____
House Number & Street City State

Next of Kin, DPOA Name _____

Family Contact Phone _____

Referral Source _____

Hospice Provider
(Company Name,
Primary Case Mgr.,
Phone Number)

Primary Care
Physician or Treating
Physician, Name and
Phone Number.

Patient Medical Information

Diagnosis (Hospice dx and/or contributing factors) and complications. Please describe.

Does the patient have a prognosis of approximately 30 days or less? Yes No

If yes, what is the life-limiting dx _____

Is the patient currently eating and/or drinking? Yes No Please list details.

Is the patient ambulatory or bed bound? _____

Does the patient have any current infections? (If yes, list details.) Yes No

Does the patient have any wounds? (If yes, list details.) Yes No

Does the patient have an NG tube/PEG tube or other artificial nutrition? Yes No

Does the patient have foley inserted? Yes No*

(***please note:** foley placement is required before acceptance of patient.)

Please provide information regarding the patient's need for Solace House (living situation, family caregiver, etc.)

PLEASE ATTACH ALL MEDICAL RECORDS AND SUBMIT WITH THIS FORM

By submitting this form, you are giving Solace House of the Ozarks, Inc. permission to seek information from providers to confirm the details provided above.

*Please be advised that referrals are processed as quickly and efficiently as possible, but the **referral process** can take anywhere from **24-72 hours**, therefore, it is of utmost importance that you provide as much information as possible and that you provide all the necessary phone numbers for those who are currently and directly involved in the patient's care.*

Submitting a referral form does not guarantee admission to Solace House.

Please email this form to:

referrals@solacehouseoftheozarks.com

Please call 417-437-9305 or 417-208-9292 with questions.