ANX HOME HEALTHCARE

DIRECT ADMIT FORM

FROM (Name) (Phone) **ORGANIZATION**

FAX TO ANX Intake Department **OUR FAX NO.** (650) 991-5178

To expedite direct admission, call/text your Account Executive to confirm receipt

DIRECT ADMIT CHECKLIST:

- ☐ Face Sheet/Demographics
  (If not attached, complete Patient Information)
- ☐ History & Physical
- ☐ Current medication list
  (If patient is on nebulizer or aerosolized treatment, alert staff for possible N95 use)
- ☐ Signed Physicians Order
- ☐ Copy of Insurance Cards
  ❑ Medicare ❑ Medi-CAL ❑ Other (Specify)
- ☐ Diagnosis/Medical Condition

PATIENT INFORMATION:

PATIENT FULL NAME:

ADDRESS:

CITY/STATE/ZIP:

CURRENT RESIDENCE: ❑ Home ❑ ALF ❑ RCFE ❑ HOSPITAL

PHONE NUMBER: ( ) EMAIL (Optional):

DOB: ❑ M ❑ F SSN:

CONTACT NAME: CONTACT PHONE:

SKILLED SERVICES REQUESTED (Check all that apply):

Describe services the clinician will perform in the home (e.g. assessment, pain management, wound care, gait training, etc.)

☐ Skilled Nursing ☐ Occupational Therapy ☐ Social Work
☐ Physical Therapy ☐ Speech Therapy ☐ Home Health Aide

PHYSICIAN TO OVERSEE HOME HEALTH EPISODE:

Physician Name Phone ( )

Signature Date: Fax ( )

Do you have a Direct Secure Email? ❑ Yes ❑ No | If YES:___________________________________

Your referrals are the lifeblood of our business. Thank you for your continued support!

ANX Home Healthcare | 1633 Bayshore Hw. Suite 234, Burlingame, CA 94010 | 877-ANX-VIPS | ANXLife.com

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