



# Pediatric Home Health Care

## Referral and Order Form

### Nursing Fax Line

Texas - 866-756-3897 | Colorado - 888-901-1998 | Oregon - 1-888-901-2278

**Patient Name:** \_\_\_\_\_ **DOB:** \_\_\_\_\_ M F

Address: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Parent/Guardians: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Emergency Contact/Phone: \_\_\_\_\_

Primary Language: English Spanish Other: \_\_\_\_\_

**Medicaid #** \_\_\_\_\_ **Medicaid Provider:** \_\_\_\_\_

Secondary Insurance Yes No Insurance Co: \_\_\_\_\_

**Commercial Insurance ID#** \_\_\_\_\_

**Evaluate & Treat Disciplines:** Private Duty Nursing Skilled Nursing Visits

**Diagnosis/Concerns:** G-Tube/G JTube TPN  
Trach PICC Line  
Vent Other: \_\_\_\_\_

**Referring Agency / Name of Primary Care Provider:** \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Phone: \_\_\_\_\_

Case Manager / Discharge Planner: \_\_\_\_\_ Date: \_\_\_\_\_

Referral Coordinator: \_\_\_\_\_

Physician's Signature \_\_\_\_\_

This form acts as an order to evaluate.

**Phone:**  
Texas - 866-919-3240  
Colorado - 844-757-7450  
Oregon - 877-755-8940

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