



Kid WISE
A PROGRAM OF HOSPICE
OF SANTA CRUZ COUNTY

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*The Mary & Richard Solari
Center for Compassionate Care
940 Disc Dr.
Scotts Valley, CA 95066*

*The Borina Family
Center for Compassionate Care
65 Nielsen St. Suite #121
Watsonville, CA 95076*

Referral

To : _____ From: _____ Date: _____

Patient Name: _____ DOB: _____

Home Address: _____

Legal Guardian: _____ Phone Number: _____

Language: _____ Primary Dx: _____

Insurance(s) (Private/Medi-cal/CCS): _____

Primary Physician: _____

Referring Party: _____

Referring Party Contact Info: _____

Patient's Current Location: _____

Current Medical Needs (Pain/Respiratory Mgt /Artificial Food & Fluids/Wound Care/IV's/Special Instructions):

Any immediate DME needs?

The patient / patient's representative has identified me as his / her attending physician.

Based on my clinical judgement regarding the normal course of this patient's illness, I certify this patient is suffering from a terminal illness with life expectancy of six months or less.

Recent Medical Records Attached: Yes _____ No _____

Patient/Family is Aware of Dx/Prognosis: Yes _____ No _____

I will sign the death certificate: Yes _____ No _____

Please anticipate a call from our Concurrent Care for Children team to confirm whether or not your patient has been admitted to our Concurrent Care Program. If admitted, the RN will obtain your authorization to implement the Plan of Care and consent to treat.

Physician Signature: _____

Print Name: _____

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