



# Allied Home Health Services

6228 Merger Drive  
Holland, Ohio 43528

**Fax Number (419)-868-2908**

Phone Number (419)-868-2909

Toll free 1-(800)-269-7864

## QUICK REFERRAL FAX SHEET

Referring Office/Facility \_\_\_\_\_ Date \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Name of contact person for facility \_\_\_\_\_

Phone Number and Extension of Contact Person (    ) - \_\_\_\_\_ - \_\_\_\_\_

Fax Number for Office (    ) - \_\_\_\_\_ - \_\_\_\_\_

**Please include the following information with your referral fax:**

\_\_\_\_ Community Referral Form (if applicable)

\_\_\_\_ Demographic Information/Face Sheet (Patient name, SS#, Date of Birth, Address, Home/cell/business phone numbers, and **ALLERGIES**)

\_\_\_\_ Insurance/Payor Source for services (please include copies of cards)

\_\_\_\_ History and Physical (most current copy)

\_\_\_\_ Diagnosis(s) patient is receiving home health services for:  
\_\_\_\_\_

**Please check service(s) you are requesting patient to receive:**

\_\_\_\_ Skilled Nursing Visits

\_\_\_\_ Speech Therapy (eval and treat)

\_\_\_\_ Physical Therapy (eval and treat)

\_\_\_\_ Licensed Social Worker

\_\_\_\_ Occupational Therapy (eval and treat)

**PHYSICIAN SIGNATURE:** \_\_\_\_\_

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