



## HOW TO REFER YOUR PATIENT

Patient Name: \_\_\_\_\_

DOB: \_\_\_\_\_

Phone # \_\_\_\_\_

Person to contact to schedule a visit (if not the patient): \_\_\_\_\_

Relationship to Patient: \_\_\_\_\_

Phone # \_\_\_\_\_

Referring Physician Name: \_\_\_\_\_

Phone # \_\_\_\_\_

Attending Physician Name \_\_\_\_\_

Why are you making the referral?:

\_\_\_\_\_

The following is a checklist of paperwork required to complete the referral process:

- Demographic information (address, insurance, SS#, etc.)
- History and physical discharge summary from recent hospital stay or clinical notes
- Medication list

Please fax this form with the above documentation to our Access Department at (207) 289-3685, or you can give the above information to an HSM nurse.

If you have any questions, please call our Access Department at (207) 289-3649 or toll free (866) 621-7600.

7/20/2020



MAIN OFFICE:  
390 US Route One  
Scarborough, ME 04074

GOSNELL MEMORIAL HOSPICE HOUSE:  
11 Hunnewell Road  
Scarborough, ME 04074

T (207) 289-3640  
Toll Free: (866) 621-7600  
F (207) 883-1040

[hospiceofsouthernmaine.org](http://hospiceofsouthernmaine.org)