

**REFERRAL CONTACT FORM**  
**(Please Fax the Required Documents to HRC)**

**REQUIRED for all patients prior to acceptance to Harbor Recuperative Care:**

- *Must* be cleared of all active communicable diseases/exclusions (**see reverse**)
- *Must* have discharge orders including: Diagnosis, Dietary orders, follow-up *scheduled* appointments, Plan of Care and Discharge Prescriptions (**Please attach**)
- If medical procedures are indicated, *must* have plan in place (i.e. home health visits, clinic appointments, physical therapy visits, etc.) (**Please attach**)
- *Must* have Social Worker evaluation (**Please attach**)
- If uninsured, *must* have at least one month supply of all prescribed medications

**ALL SECTIONS MUST BE COMPLETED**

**[Affix Patient Label Here]**

(Patient Name, DOB, Gender, MRN, Hospital Name)

Social Security #: \_\_\_\_\_

Insurance: \_\_\_\_\_

US Resident or Citizen: Yes No

Ethnicity: \_\_\_\_\_

Wt: \_\_\_\_\_ Ht: \_\_\_\_\_

Hospice: Yes No Undecided

Admission Date: \_\_\_\_\_ Projected DC Date: \_\_\_\_\_ LOS at RCC (est.): \_\_\_\_\_

**PATIENT STATUS** (indicate yes or no)

Y/N	Y/N	Y/N	Explain
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Able to self-medicate	Asthma/COPD	Ambulatory:
Able to self-represent	Cancer (stage: )	Assistive device:
Bipolar/Schizoaffective	Diabetes (type: )	Cell Phone #:
Hearing/Vision impaired	Dialysis	GR/ CalFresh:
Communicable disease*	HTN	Home Care:
Dementia/Alzheimer's	IV medications	Housing Goal:
Hallucinations	Incontinence	Identification:
Medically Compliant	Oxygen dependent	Insurance:
Quadriplegic	Transfer/ADL	Language:
Schizophrenic	Urinary Catheter	Pet/Auto:
Suicidal Ideation	WC bound (permanent)	SA (substance abuse):
Violent/Combative	Wound (stage: )	SSI/SSDI/SS:
<b>Insight:</b>	<b>Judgment:</b>	Wound:

<b>Indicate Tier :</b>	___ <b>TIER 1</b>	___ <b>TIER 2</b>	___ <b>TIER 3</b>	___ <b>TIER 4</b>
(see reverse for criteria)				(Hospice Only)

*I affirm that the above information is accurate to the best of my knowledge.*

Print Name/Title \_\_\_\_\_ Signature \_\_\_\_\_ Date \_\_\_\_\_

Phone # \_\_\_\_\_ Fax # \_\_\_\_\_ email \_\_\_\_\_

<b>HRC USE ONLY</b>
<b>Admit: Yes No</b> Pending / Reason(s): _____

11134 Sepulveda Blvd. Mission Hills, CA 91345  
 O: (818) 925-1451 **Admissions** F: (818) 350-4105  
 O: (818) 925-1460 Main  
 www.harborrecuperativecare.com



HRC Candidate Admission Criteria
18 years of age or older
Able to self-represent
Able to self-medicate with minimal help
Homeless or Temporarily Homeless
Recovering bodily functions
Understands, is willing and compliant with ALL HRC Rules & Regulations
Compliant with ALL medical and psychiatric treatments
Ambulates without need for supervision/monitoring, using an assistive device or not
Discharge ready per Hospital policies and protocol
Cleared of all active Communicable Diseases (see list below)
1-Assist: ADL/Transfer
Exacerbated chronic condition (9DHF, O2 dependent, dialysis-ok) case by case evaluation determined by HRC Admissions.

HRC Exclusion of Candidate
Acute psychosis
Alzheimer's—mid to late
Arsonist
Assault on Law Enforcement Officer
Bipolar with hallucinations/delusions
BLE and/or BLU Amputation/weakness unable to transfer
Blind/legally blind
Combative/Violent/Belligerent behavior
Commode
Communicable Diseases/Conditions (Active)*:
--Bedbugs      --CRE      --MRSA      --Mumps      --Pneumonia (any)
--Cdif      --Hanta Virus      --Measles      --Rabies      --Tuberculosis
--Cholera      --Impetigo      --Meningitis      --Pertussis      --Rubella
--Crabs      --Lice      --Meningococcemia      --Pink Eye      --Scabies
*The above is not an exhaustive list. If the candidate has been diagnosed with any active communicable disease, it must be indicated under "Patient Status".
Deaf/severe hearing loss
Dementia—severe (severe memory loss/retention)
Hallucinations/Delusions
Hemiplegic/Hemophilia
Insight below "Fair" and/or Judgment below "Fair"
Quadriplegic
Schizophrenia with hallucinations/delusions
Sex offender
Suicidal/borderline suicidal
Unable to self-medicate
Unable to self-represent
Unable to transfer with minimum or 1 assist
<b>Tier 1:</b> Recovering from chronic medical condition; minimal supervision; able to perform ADLs
<b>Tier 2:</b> Recovering from an acute medical condition (such as a wound, amputation, pressure sore); uses an assistive mobile device (such as wheelchair, FWW); minimal 1-person assist with ADLs; minimal Home Health for wound dressing changes
<b>Tier 3:</b> Recovering from a chronic or acute medical condition & requires significant assistance with ADLs; Medical conditions requiring Home Health visits or frequent staff observation (IV antibiotics, O2, Incontinence, catheter care, colostomy care, dialysis)
<b>Tier 4:</b> In hospice
<b>**HRC Admissions evaluates each candidate on a case-by-case basis.**</b>



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