

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

Patient Name: _____	Social Security #: _____
DOB: _____	Insurance: _____
Gender Identity: _____	US Resident or Citizen: Yes No
MRN: _____	Ethnicity: _____
Paying Hospital: _____	Wt: _____ Ht: _____
Admission Date: _____ Projected DC Date: _____	Hospice: Yes No Undecided
	LOS at RCC (est.): _____

PATIENT STATUS (indicate yes or no)

Y	N	Y	N	Y	N	Explain

Indicate Tier :	<input type="checkbox"/> TIER 1	<input type="checkbox"/> TIER 2	<input type="checkbox"/> TIER 3	<input type="checkbox"/> TIER 4
(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
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Phone #	Fax #	email
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HRC USE ONLY
Admit: Yes No Pending / Reason(s):



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
HRC Admissions evaluates each candidate on a case-by-case basis.
Acute psychosis
Alzheimer's—mid to late
Arsonist
Bipolar with hallucinations/delusions
BLE and/or BLU Amputation/weakness unable to transfer
Blind/legally blind
Combative/Violent/Belligerent behavior
Commode (Hospice Only)
Communicable Diseases/Conditions (Active)*: --Bedbugs --CRE --MRSA --Mumps --Pneumonia (any) --Cdif --Hanta Virus --Measles --Rabies --Tuberculosis --Cholera --Impetigo --Meningitis --Pertussis --Rubella --Crabs --Lice --Meningococemia --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
Suicidal/borderline suicidal
Unable to self-medicate
Unable to self-represent
Unable to transfer with minimum or 1 assist
Tier 1: Recovering from chronic medical condition; minimal supervision; able to perform ADLs
Tier 2: 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
Tier 3: 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)
Tier 4: In hospice



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