

**REFERRAL CONTACT FORM**

**(Please Fax or Email the Required Documents to HRC)**

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

- o *Must* be cleared of all active communicable diseases/exclusions including COVID-19 (**see reverse**)
- o *Must* have discharge orders including: Diagnosis, Dietary orders, follow-up *scheduled* appointments, Plan of Care and Discharge Prescriptions (**Please attach**)
- o If medical procedures are indicated, *must* have plan in place (i.e. home health visits, clinic appointments, physical therapy visits, etc.) (**Please attach**)
- o *Must* have Social Worker evaluation (**Please attach**)
- o 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: \_\_\_\_\_  
 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 if necessary
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		Able to Self-Represent			Asthma/COPD			Homeless	
		Able to Self-Medicare			Oxygen Dependent	X	X	Language	
		Medically Compliant			Diabetes (type: )			Legal Identification	
		Hearing/Vision Impaired			Dialysis			SSI/SSDI/SS	
		Communicable disease*			Hypertension			GR/ CalFresh	
		Tuberculosis			Cancer (stage: )			Cell Phone #	
		Isolation Precautions			IV Medications			Pet/Auto	
		Dementia/Alzheimer's			Incontinence			Assistive Device	
		Hallucinations			Urinary Catheter			Substance Abuse	
		Schizophrenic			Quadriplegic			Wound(stage: )	
		Bipolar/Schizoaffective			WB Bound (permanent)			Home Health	
		Violent/Combative			Is patient able to Transfer and/or complete ADL's Independently or needs assistance?	X	X	Insight	Good, fair, poor
		Suicidal Ideation			Ambulatory? Pt. must be able to ambulate at 150ft w/ or w/out assistive device.	X	X	Judgement	Good, fair, poor
		Do they need to see a methadone clinic?			Is patient a Max 1-person assist? Minimal Assist? Stand by assist? or Independent w/ or w/out Assistive device? Please clarify.			Diaper Change Assistance- Max 1-person Assist?	

**Indicate Tier :** \_\_\_\_\_ **TIER 1** \_\_\_\_\_ **TIER 2** \_\_\_\_\_ **TIER 3** \_\_\_\_\_ **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

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

**HRC USE ONLY**  
**Admit: Yes No** Pending / Reason(s):

11134 Sepulveda Blvd. Mission Hills, CA 91345  
 O: (818) 925-1451 **Admissions** F: (818) 350-4105  
 O: (818) 925-1460 Main hrc@harborrecuperativecare.com  
 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
<b>**HRC Admissions evaluates each candidate on a case-by-case basis.**</b>
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      --Crabs      --Lice      --Meningococemia      -- Pneumonia (any)      --Tuberculosis
--Cdif      --CRE      --MRSA      -- Mumps      -- Rabies
--Cholera      --Hanta Virus      --Measles      -- Pertussis      -- Rubella
--COVID-19      --Impetigo      --Meningitis      -- 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
<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



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