

# Home Health Referral Documentation Checklist



At VNH we are committed to providing the **highest quality care where patients heal best—at home**. In more than 140 towns, we deliver nursing, rehabilitation, and hospice services with proven effectiveness, integrity, and compassion. We are driven by a focus on excellence and a spirit of innovation, from improving systems of care to improving individual lives.

As a local non-profit, our relationship with each client is rooted in respect — for the families whose homes we are privileged to enter, for the communities we are honored to serve, and for all the lives we touch. **Thank you for trusting VNH with your patients' care.**

## Questions?

Call the VNH Intake Team.  
We're here to help.  
**800-575-5162**  
**[www.vnhcare.org](http://www.vnhcare.org)**

### Documents/Information needed:

- Patient demographics (*patient's first and last name, date of birth, physical address, phone number, insurance information, emergency contact information and emergency phone number*)
- List of active medications
- Transfer/discharge summary and/or most recent history & physical/office visit note

**For patients with Medicare as primary or secondary payer, documentation of a completed, Face-to-Face encounter signed by a physician (PAs or NPs encounter notes must be co-signed by the attending physician):**

- Referring physician's name and phone number
- Name and phone number of the physician who will be following the patient for home care services

### Referral order to include:

- If the patient had an inpatient hospitalization with the past 14 days
- Skilled nursing or rehabilitation services needed supported by the primary diagnoses/conditions
- Complete accurate primary diagnosis (*Why does this patient need skilled care at home?*)
- Specific information on laterality and location as applicable

### Additional items needed for infusion referrals:

- Current lab results
- Complete order to include medication, dose, frequency, route and duration signed by a physician
- Radiographic confirmation of central line/PICC line placement and external length as applicable
- Lab/blood work orders as needed; please include the name and contact information of the physician who should receive the results
- Name and contact information for vendor supplying medications and equipment for ordered treatment

### Wound Care:

- Specific wound etiology and cause
- Wound care instructions