



154 Hindman Road, Butler, PA 16001
Phone: 724-282-6806 or 1-877-862-6659
Central Intake Fax: 724-282-0981

This form may be used as a guide for information to be requested when a referral is called in to VNA, Western PA or VNA, Hospice or can be completed and faxed to Central Intake at 724-282-0981.

Referral Date _____ Person completing this form _____

Date Services to begin _____

Patient's Name _____ Street Address _____

City _____ State _____ Zip _____ Phone _____

Date of Birth _____ Social Security Number _____ Sex _____

Nearest Relative _____ Relationship _____ Phone _____

Other Contact _____ Relationship _____ Phone _____

Physician Information

Referring Physician _____ Phone _____

PCP _____ Phone _____

Other Physician's involved in care-Name and Phone _____

Date last seen by physician _____

Insurance Information

1. Carrier _____ ID# _____ Group# _____

2. Carrier _____ ID# _____ Group# _____

Diagnosis 1 _____ 3 _____

2 _____ 4 _____

Surgical Procedures 1 _____ Date _____

2 _____ Date _____

Medications _____

Diet _____ Activity Status _____ Ht _____ Wt _____ Allergies _____

Equipment _____ Provider _____

Specific Orders: (Circle) RN PT OT ST HHA SW MHRN Rehab RN Labwork DME

If specific treatment or wound care, other than the patient, is there a person available to teach procedure/wound care?

If you have chosen to complete this form and fax the information to Central Intake, you will be receiving a phone call from the department verifying receipt of the referral. Thank you!

Central Intake hours 8 AM-6PM, M-F and 8AM-4:30PM Sat/Sun. Referrals received after hours will be confirmed the following day.