



## Quick Fax Referral

Thank you for choosing NJ Health:  
Your Hometown Hospice and Palliative Care Provider  
Please fax to: 856-696-5310

From: \_\_\_\_\_ Provider: \_\_\_\_\_  
Phone Number: \_\_\_\_\_  
Patient Name: \_\_\_\_\_  
Primary Diagnosis: \_\_\_\_\_ Other: \_\_\_\_\_  
Primary Contact: \_\_\_\_\_ Relationship to Patient: \_\_\_\_\_  
Best Contact Number: \_\_\_\_\_ Alternative Number: \_\_\_\_\_  
Is Family Aware of Referral?: \_\_\_\_\_ Is Patient Aware of Referral?: \_\_\_\_\_

### **This serves as a referral for evaluation and treatment**

Provider signature: \_\_\_\_\_

Please mark your preferences:

I have faxed demographic sheet and history and physical to 856-696-5310 \_\_\_\_\_

Please send a liaison to obtain patient information. \_\_\_\_\_

Will provider be following patient while on hospice? \_\_\_\_\_

Notes:

Any questions?  
Please call 856-696-5340  
Available 24/7/365