Montefiore Home Care

Home care can meet many of the complex care needs of our patients while allowing them to remain in the comfort of their home environment.

-Montefiore M.D.

Montefiore Home Care offers a continuum of in home care with the following services and special programs in the Bronx and Westchester:

- **Professional Nursing Care (R.N.)**
  - Diabetic Care/Teaching
  - Cardiac Care/Teaching
  - Wound Care
  - Home Infusion Therapy

- **REHABILITATIVE SERVICES:** Skilled PT/OT/ Speech Therapy
  - Joint Replacements
  - Home Safety Evaluations
  - Pre-Operative Assessments for elective joint surgeries
  - Assessments for Durable Medical Equipment Assistive Devices
- **CARE OF NEW MOTHERS AND INFANTS**
- **PEDIATRIC CARE**
- **HIV/AIDS SPECIAL CARE PROGRAMS**
- **SOCIAL WORK SERVICES**
- **BEHAVIORAL HEALTH/GERIATRIC PSYCHIATRY**
- **TELEHEALTH PROGRAM FOR CHF AND DIABETIC PATIENTS**
- **LONG TERM CARE PROGRAM**
- **COORDINATION OF HOME HEALTH AIDES**

For Inpatient Referrals

By CIS
1. Go to **Place Orders**
2. Click on **Consults**
3. Select **Home Care Consults** and complete fields

By Phone Moses: **718-920-4343**
Weiler/Einstein: **718-904-2828**

For Outpatient Referrals

By CIS
1. Go to **Ambulatory Tab**
2. Click on **Place a Home Care Outpatient Order**
3. Follow steps for **Home Care Consult**
4. Complete Screen
5. Place Orders

By Phone Central Intake: **718-405-4800**

By Fax Central Intake: **718-367-0111**

For More Information, go to
http://www.montefiore.org/homecare

COMMUNITY REFERRAL FORM

Montefiore Home Care

FAX REFERRAL TO 718-367-0111

One Fordham Plaza, Bronx, NY 10458 Central Intake: 718-405-4800 General Info: 718-405-4400

Date of Referral | Person providing referral/Phone

PATIENT

Last Name | First Name | MI | Sex ☐ M ☐ F | MMC Hospital MR # | MHC ID #

Care Address | Apt # | City | State | Zip Code

Phone # | Alternate Phone # | Date of Birth / / | Social Security #

PHYSICIAN

* - Not required if you have previously referred patients to Montefiore Home Care (MHC)

Physician Name | Phone # | Fax # *

Address * | Suite# *

City * | State* | Zip Code* | MMC Groupwise ID or Alternate Email Address *

MD Lic # * | UPIN # * | Office Contact

INSURANCE

Medicare # | Medicaid # | MA Pending ☐ Yes ☐ No | Charity ☐ Yes ☐ No

Private Insurance Name and ID # | Group ID # | Policy ID #

REASON FOR HOME CARE VISIT

Diagnosis
1.
2.
3.
4.

Treatments Ordered

Skilled Services ☐ RN ☐ ST ☐ OT ☐ PT ☐ MSW ☐ HHA

Visit Within ___ 48 Hours ___ 24 Hours _____ Other

Medications	Dosage	Route	Freq

☐ Teach medication and adherence with regimens

Diet

☐ Teach nutrition

Allergies

Lab Request
☐ CHEM 7 ☐ PT/INR ☐ CBC ☐ HbA1c
☐ Other _____
☐ Frequency _____

DIABETES ☐ Type 1 ☐ Type 2 ☐ Gestational
☐ Teach diabetic management/self care ☐ Teach glucose monitoring
☐ Contact MD if blood glucose is above _____ or below _____
Current HbA1c _____ Current glucose _____

CARDIOVASCULAR DISORDERS
☐ Educate on signs and symptoms of CHF, MI, CAD, AFib, HTN
☐ Assess cardiac status ☐ Evaluate for Telemonitoring
☐ Contact MD for BP systolic above _____ or below _____
☐ Contact MD for BP diastolic above _____ or below _____
☐ Contact MD for apical pulse above _____ or below _____
☐ Daily weight recording Current Weight _____

WOUND CARE
☐ 24-hour supplies or prescription given
☐ Pressure ☐ Venous ☐ Arterial ☐ Surgical ☐ Other _____
Location _____
Stage & Size of wound _____
☐ Ca-Alginate ☐ Hydrocolloid ☐ Hydrogel
Other _____
☐ Irrigate ☐ Cleanse ☐ Solution _____
☐ 1 - 2/wk ☐ 3 - 5/wk ☐ Daily ☐ Other _____

ASTHMA/COPD
☐ Assess home for triggers ☐ Educate on disease management
☐ Educate O_2 precautions ☐ Peak Flow Meter
☐ Educate on use of nebulizers/inhalers

GAIT/AMBULATORY STATUS
☐ Homebound ☐ Unassisted ☐ Assistive Device _____
☐ Evaluate home safety ☐ Evaluate equipment needs

Did the patient have a Rehab Facility or Hospital admission within the last 10 days? ☐ Yes ☐ No