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

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<tr>
<th>Date of Referral</th>
<th>Person providing referral/Phone</th>
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| **PATIENT** |
|------------------|-----------------|-----------------|-----------------|-----------------|-----------------|
| Last Name        | First Name      | MI              | Sex             | MMC Hospital MR # | MHC ID #        |
|Care Address      | Apt #           | City            | State           | Zip Code         |                 |
|Phone #           | Alternate Phone #| Date of Birth   | Social Security #|                 |                 |

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

| **PHYSICIAN** |
|------------------|-----------------|-----------------|
| 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      |
|Private Insurance Name and ID # | Group ID # | Policy ID # |

| **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, AFIh, 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

| **ASTHMA/COPD** |
- Assess home for triggers
- Educate on disease management
- Educate O2 precautions
- Peak Flow Meter
- Educate on use of nebulizers/inhalers

| **GAIT/AMBULATORY STATUS** |
- Homebound
- Unassisted
- Assistive Device
- Evaluate home safety
- Evaluate equipment needs

| **REASON FOR HOME CARE VISIT** |
- Teach medication and adherence with regimens
- Teach nutrition

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<tr>
<th><strong>Medications</strong></th>
<th>Dosage</th>
<th>Route</th>
<th>Freq</th>
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| **Visit Within** | 48 Hours | 24 Hours | Other |

| **Skilled Services** | RN | ST | OT | PT | MSW | HHA |

| **Frequency** |

Did the patient have a Rehab Facility or Hospital admission within the last 10 days?

- Yes
- No