



Kansas City Hospice
& Palliative Care

Request for Patient Services

Referral Line: (816) 276-2700

Fax: (816) 444-1928

Patient Name: _____

Discharge Planner: _____ Contact Number: _____

Diagnosis/Code: _____

Attending Physician: _____

IF CARDIAC PATIENT

Cardiologist to follow for cardiac symptoms: _____

Physician's Order for Service (Check One)

Palliative Home Care Services with Kansas City Palliative Home Care skilled nursing to evaluate

Hospice Services with Kansas City Hospice and Palliative Care to Evaluate

➔ Please fax the following to (816) 444-1928:

- ➊ This form, with physician signature
- ➋ History and Physical, Discharge summary & Discharge orders
- ➌ Facesheet, or document with DOB, SSN, Address, Insurance, and primary contact
- ➍ Current medication list
- ➎ Medicare Part D information or copy of card (if available)

Physician Signature _____ Date _____ Time _____
(Unless orders are attached, a signature here will authorize services)

Thank you!