



We believe our clients and their families deserve home health care delivered with **Compassion, Excellence, and Reliability.**

Thank you for referring your patient to the BAYADA Home Health Care, Honolulu office. We want to ensure we provide the optimal and timely care for your patients.

To help us provide the best and timely care for your patients, please complete the referral process checklist below and include the requested documents.

Fax Cover Sheet	To: BAYADA Home Health Care
From: _____	Fax: 808-933-1703
Phone: _____	Attn:
Pages sent (#): _____ Date: _____	Comments: _____

Referral Checklist:

- _____ COMPLETED DOCUMENTATION FOR FACE TO FACE
- _____ MD ORDER FOR HOME HEALTH CARE SIGNED BY MD (if the above form is not completed)
- _____ FACESHEET
- _____ HISTORY & PHYSICAL
- _____ PHYSICAL THERAPY / OCCUPATIONAL THERAPY EVALUATION AND DISCHARGE NOTES
- _____ DISCHARGE SUMMARY (from hospital and/or facility)
- _____ CURRENT MEDICATION LIST
- _____ TENTATIVE DISCHARGE DATE