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| VA logo **Veterans Administration** | | **VHA FAX TRANSMITTAL** | | | | | | | | | | |
| TO:  **Please send referrals to your Orlando VA Primary Care Social Worker** | FAX NUMBER | |  | FTS |  | **COMMERCIAL** | | DATE | | | | **NO. PAGES ATTACHED** |
|  |  | | | | | | |  | | | |  |
| SUBJECT Request for VA Authorization for Community Nursing Home Placement | | | | | | | | | | | | |
| FROMRCoordinator | | | | TELEPHONE NUMBER | | |  | | **FTS** |  | COMMERCIAL | |
| Hospice staff, SNF staff, Other | | | |  | | | | | | | | |

The information listed below is required to complete a CNH referral. The information will be reviewed to determine the Veteran’s most appropriate level of care needs and whether VA authorization will be provided.

\_\_\_\_\_ **State of Florida 3008 form** - both pages signed and dated by doctor, no older than 30 days

\_\_\_\_\_ **Admission face sheet**

\_\_\_\_\_ **History and Physical** (Certification of Terminal Illness if Hospice referral)

\_\_\_\_\_ **Most recent physician progress note**

\_\_\_\_\_ **Current medication list**

\_\_\_\_\_ **Therapy evaluations and most recent therapy progress notes, if applicable** – may be in-home therapy notes if Veteran is receiving services at home

\_\_\_\_\_ **Specialty care needed including**:

Oxygen: type: frequency:

TPN/tube feedings: type: frequency:

IVA: type: frequency:

HBO: type: frequency:

Chemo/Radiation: type: frequency: location:

Wound Care/Vacuum: type: frequency:

Dialysis: type: frequency: location:

Other: type: frequency: location:

\_\_\_\_\_ **Name of the VA-contracted Community Nursing Home** accepting Veteran

\_\_\_\_\_ **Please list a point of contact and phone number for the source of Veteran’s referral** (hospice agency, skilled nursing facility, etc.) so follow-up can be made regarding the status of referral

Thank you for your assistance.

**This transmission is intended only for the use of the person or office to whom it is addressed and may contain information that is privileged, confidential, or protected by law. All others are hereby notified that receipt of this message does not waive any applicable privilege or exemption from disclosure and that any dissemination, distribution, or copying of this communication is prohibited. If you have received this communication in error, please notify us immediately at the telephone number shown below. Thank you.**