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**Masonic Village Home Health**

98 Masonic Drive, Suite 101  
Elizabethtown, PA 17022-2199  
Phone 717-361-4050 • Fax 717-361-5767



A Community of the Masonic Villages  
Of the Grand Lodge of Pennsylvania  
*Services provided at the following locations:*  
Dallas • Elizabethtown • Lafayette Hill  
Sewickley • Warminster

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**HOME HEALTH REFERRAL FORM**

*Thank you so much for considering Masonic Village Home Health! The following is critical information needed to provide the best care possible for your patient:*

Referral Source Name: \_\_\_\_\_ Referral Source Phone #: \_\_\_\_\_

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**Patient Information:**

Name: \_\_\_\_\_ DOB: \_\_\_\_\_

Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Disciplines Requested: \_\_\_\_\_

PCP: \_\_\_\_\_ Face to Face Date: \_\_\_\_\_

Payer/Insurance: \_\_\_\_\_ Insurance ID#: \_\_\_\_\_

Primary Diagnosis: \_\_\_\_\_ ICD-10 Codes: \_\_\_\_\_

Anticipated D/C Date: \_\_\_\_\_ SOC Date Requested: \_\_\_\_\_

**Patient Equipment Needs:**

IV Infusion: \_\_\_\_\_ Infusion Supplier: \_\_\_\_\_

Joint Y/N: \_\_\_\_\_

Wound Y/N: \_\_\_\_\_ Wound Vac Y/N: \_\_\_\_\_ Frequency/Supplies: \_\_\_\_\_

**NOTES**

**\*Please also fax face to face encounter note with this form**