

**CHARLIN**  
**HOME HEALTH**  
dba: CHARLIN HEALTHCARE SERVICES

---

3444 Mosswood Drive  
Plano, Texas 75074  
Ph: 972.424.3200 Fax: 972.578.7803  
[www.charlinhomehealth.com](http://www.charlinhomehealth.com)

**PATIENT REFERRAL FORM**

**PATIENT INFORMATION:**

Patient Name:

Address:

Phone:

**MEDICARE#**

Primary Diagnosis:

Additional Diagnosis:

**DATE:**

DOB:

SS#

Medicaid#

Patent's Emergency Contact/Primary Caregiver (if applicable): Ph#:

Emergency Contact/Primary Caregiver's Name/Relationship:

**PHYSICIAN INFORMATION**

**Physician Name:**

**UPIN#**

**Contact Name and Number:**

**NPI#**

**Fax#**

**Address:**

(Check the services you wish to order)

**SERVICES:**    **SN:** Eval & Treat    **PT:** Eval & Treat    **OT**    **ST**    **HHA**    **MSW**

**Comments/Specific Orders:**

**PHYSICIAN SIGNATURE:** \_\_\_\_\_

**FAX TO 972.578.7803**

*Charlin Home Healthcare...where the emphasis is on CARE.*