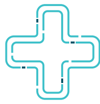

CULLMAN REGIONAL | Medical Group

Neal Steil, MD
Rachel Steil, CRNP

1948 Alabama Highway 157
Professional Office Building 1
Suite 450C, Cullman, AL, 35058

Phone 256-735-5646
Fax 256-735-5076

PALLIATIVE CARE REFERRAL FORM

Patient name ______________________ DOB ______________________

Address ______________________ Alternate contact name ______________________

City/State/Zip ______________________ Alternate phone ______________________

Telephone ______________________ Relationship ______________________

Language/Ethnicity ______________________ ☐ Male ☐ Female

Primary Care Physician (PCP) ______________________ Telephone ______________________

Primary Insurance ______________________ ☐ Medicare ☐ Medicaid ☐ Commercial ☐ PPO

Contract # ______________________ Telephone ______________________

Physician ______________________

Physician signature ______________________ Date ____________ Time ____________

Please include most recent notes and face sheet.

REASON FOR REFERRAL (CHECK ALL THAT APPLY)

- ☐ Three or more hospital admissions for the same diagnosis in the past 6 months
- ☐ Symptom management (please see symptom section below)
- ☐ Advanced care planning and medical goals of care
- ☐ Patient and/or caregivers requested palliative care consult
- ☐ Patient with complex illness or with multiple co-morbidities struggling to self-manage disease process
- ☐ Patient and/or caregivers with life threatening illness with unrealistic goals or care expectations
- ☐ Artificial hydration/nutrition request by family or patient with a short anticipated survival from their underlying medical condition
- ☐ Emotional support, management of anxiety/depression
- ☐ Hospice evaluation and referral if appropriate

REASON FOR REFERRAL

- ☐ AIDS
- ☐ Cancer (specify) ______________
- ☐ COPD/Pulmonary fibrosis
- ☐ CHF/Ischemic heart disease
- ☐ Liver disease
- ☐ Renal failure
- ☐ HIV/AIDS
- ☐ Dementia
- ☐ Neurological disease (Parkinson's, ALS, CVA, MS)
- ☐ Inflammatory bowel disease
- ☐ Other ______________

SYMPTOMS (CHECK ALL THAT APPLY)

- ☐ Pain
- ☐ Shortness of breath
- ☐ Anxiety
- ☐ Depression
- ☐ Nausea/Vomiting
- ☐ Constipation
- ☐ Loss of appetite
- ☐ Fatigue
- ☐ Difficulty sleeping
- ☐ Delirium
- ☐ Other ______________________

Call 256-735-5646 to make an appointment.