

Humboldt County Referral Form – Specialty Guidelines

RESOLUTIONCARE – PALLIATIVE CARE

- **Please ask your patient to contact us within 5-10 business days after sending the referral, to schedule the appointment.**
- **We accept referrals for patients with a life expectancy of 2 years or less and/or diagnosed with a chronic life-limiting disease.**
- **Patients may concurrently seek curative treatment.**
- **Please do not send patients for the sole purpose of Chronic Pain management.**
- **Please include patient demographics.**
- **Please include name and contact information for clinical staff that can answer specific questions regarding the patient.**
- **This is not a comprehensive list of diagnosis**

Reason for Referral (Clinical Question)	“Required” Clinical Testing & Documentation	“Preferred” Additional Clinical Testing & Documentation
Cancer	Recent consult notes with stated reason for referral.	PET scans, imaging and lab results, including any notes from other specialists.
Congestive Heart Failure	Recent consult notes with stated reason for referral	PET scans, imaging and lab results, including any notes from other specialists.
Chronic Obstructive Pulmonary Disease	Recent consult notes with stated reason for referral	PET scans, imaging and lab results, including any notes from other specialists.
Cirrhosis	Recent consult notes with stated reason for referral	PET scans, imaging and lab results, including any notes from other specialists.
Dementia	Recent consult notes with stated reason for referral	PET scans, imaging and lab results, including any notes from other specialists.
Frailty Syndrome	Recent consult notes with stated reason for referral	PET scans, imaging and lab results, including any notes from other specialists.