

# Home Parenteral Nutrition (PN) referral form



Optum Infusion Pharmacy Phone:

Fax:

✂ Please detach before submitting to a pharmacy - tear here.

Acute care specialist name:

Phone:

## Patient information

Patient name:

Gender: M F DOB:

Last 4 of SSN:

Address:

City:

State:

ZIP:

Phone:

Cell:

Emergency contact:

Phone:

Relationship:

## Prescribing physician information

Name:

Practice:

Address:

City:

State:

ZIP:

Phone:

Fax:

NPI:

Physician office contact:

Desired start date:

Home Health nursing/preferred agency, if not Optum:

## Initial information to send with this referral form

Demographics/face sheet

Insurance: attach front and back of insurance card(s)

Pertinent diagnosis for PN

Pertinent medical history and current progress notes indicating need for PN

Allergies

Height

Weight (include any changes in weight/weight history)

Results of any diagnostic testing related to need for PN

Current medications

Central line information

• Central line access: No Yes: PICC PORT Tunneled catheter (Attach documentation)

• If patient does not have a central line yet, recommend wait for home PN insurance coverage verification prior to placement

Most recent lab results available (CMP, magnesium, phosphorus, CBC with diff and triglycerides).

**If Medicare please attach/send all medical documentation including estimated length of need for PN documented in medical record by treating practitioner.**

**Note: coverage with Medicare is not guaranteed.**

**Once our nutrition support team reviews the insurance, clinical documentation and lab results, we will provide recommendations for a customized PN order to get your patient started.**

**Please fax form and all pertinent documentation to the fax number listed at the top of this page.**

**This form is not a valid prescription.**