



DOMINICAN Home Health Agency

2501 Gaylord St., Denver, CO 80205 | Telephone: 303-322-1413 | Fax: 303-322-2702
Director of Clinical Services: Dan Grey, RN – dgrey@dominicanhha.org

Please complete form and fax or email to Director of Clinical Services

Request for Home Health Services

Please note DHHA referral information and eligibility criteria:

- Patients must live within these boundaries: **N:** 104th Ave., **S:** Belleview Ave., **E:** I-225, **W:** Simms St./Union Blvd.
- DHHA does not perform wound care, blood draws, PT/OT, errands, or housekeeping services
- Patient cannot have concurrent home healthcare services from another agency
- If you are only interested in Durable Medical Equipment, please call our DME Office: 303-322-1413, Ext. 18
- Please be advised that patients may be placed on a wait list before the start of care.

Patient Name:

Date of Referral:

Patient DOB:

Sex: Male Female

Patient Address:

Patient Phone #:

If not English speaking, what is primary language? _____

Marital Status:

Monthly Income (please attach a proof of income with referral):

Insurance Information (please circle): Medicare A | Medicare B | Medicare D | Medicaid | Medicaid HCBS
VA | CICIP | Other Insurance Plan:

Patient's Primary Doctor & Contact Info:

Diagnosis List:

Family and Living Situation:

General Description of Services Needed by the Patient:

Person making Referral:

Phone Number & Email of Referring Professional:

Relationship to Patient:

Organization of referring professional:

For Office Use Only: Nurse: _____ Home Health Aide (if applicable): _____

Please enter any Notes/comments on status of referral in 'Comments Section' in Axxess

Non-admit Date (if applicable): _____ Non-admit Reason: _____