



Visiting Nurse Association of the Inland Counties

42-600 Cook Street, Ste. 202 • Palm Desert, CA 92211

Home Health IV Referral Sheet

Last Name: _____ First: _____

Address: _____

Male Female

Phone: (_____) _____ SSN: _____ - _____ - _____ DOB: ____/____/____

Referral Source: _____ Contact Person: _____

Physician: _____ Physician Phone: (_____) _____

Insurance: _____ Policy ID Number: _____

Group Number: _____ Medicare: _____ Medical: _____

Diagnosis with onset date(s)

1. _____
2. _____
3. _____

Home Health Orders:

Physician Signature: _____

For IV and IM Medications:

IV Medication: _____ Dosage: _____

Duration: _____ Allergies: _____

IV Access: _____

For IV duration longer than 7 days, patient needs to have a PICC line placed. VNAIC cannot place PICC line.

Pending Insurance Authorization

FAX completed form to (760) 779-9162 PHONE: (760) 346-3982

Please include other pertinent information like h&p, labs, and progress notes.

ATTENTION: Erin, Trina, Kelly, Jesel, LVN Coordinators.

For any questions, contact your Community Liaison.