



HOME INFUSION GROUP

MULTIVITAMIN THERAPY REFERRAL FORM

FAX: 718-676-9111
Phone: (855)444-3979
Email: welcome@higny.com

PATIENT INFORMATION

Patient Name:
Home Address:
City, State, Zip:
Home Phone:
Cell Phone:
SS #:
Date of Birth:
Gender: Male Female
Contact Person & # :

PRESCRIBER INFORMATION

Prescriber Name:
Home Address:
City, State, Zip:
Phone:
Fax:
DEA:
License #:
NPI # :

INSURANCE INFORMATION (Please attach the front and back of insurance and prescription drug card)

Primary Insurance: ID#: Group:
Secondary Insurance: ID#: Group:
Prescription Card: ID#: BIN: PCN: Group:

PATIENT EVALUATION

Patient Weight: Kg/ Lbs. Height: Inches/cm Allergies:
Diabetic: Yes No If Yes, Insulin Dependent:
Date of negative positive TB Test:
Any prior treatment: Yes (provide information below) No

Table with 4 columns: Prior Therapy, Reason for Discontinuation of Therapy, Approximate Start Date, Approximate End Date

DIAGNOSIS

Primary Diagnosis: ICD-10 Code:
Secondary Diagnosis: ICD-10 Code:

CURRENT PATIENT MEDICATIONS

Medication list area with lines for text entry

PRESCRIPTION INFORMATION

Table with 3 columns: Solution (Select one), Additive (Select One), Duration and Frequency

NURSING: Requires Placement PIV Midline IV Line for administration and nurse to administer infusion in home

Current IV Access: PIV PICC Midline PORT OTHER #Number of Lumens Delivery Method: Gravity Infusion Pump
Therapy Start Date: Length of Therapy: Pharmacy to coordinate home health nursing visit as necessary: Yes No

By signing this form and utilizing our services, you are authorizing Home Infusion Group, Inc. and it's employees to serve as your authorization designated agent in dealing with medical and prescription insurance companies.

Prescriber Signature: (no stamps) Date: (required)

IMPORTANT NOTICE: This Fax is intended to be delivered only to the named addressee. If contains material that is confidential, privileged, propriety or exempt from disclosure under applicable law. If you are not the named addressee, you should not disseminate, distribute, or copy this fax. Please notify the sender immediately if you have received this document in error and then destroy this document immediately.