Concurrent Care for Children
A Program of Hospice of Santa Cruz County

The Mary & Richard Solari Center for Compassionate Care
940 Disc Dr.
Scotts Valley, CA 95066

The Borina Family Center for Compassionate Care
65 Nielsen St. Suite #121
Watsonville, CA 95076

www.hospicesantacruz.org
831-430-3000
831-460-6386 (fax)
CCFCReferrals@hospicesantacruz.org

Reset Form

Concurrent Care for Children Referral

To :_____ From:_____Date:_____

Patient Name:_____ DOB:_____

Home Address:_____

Legal Guardian:_____ Phone Number:_____

Language:_____Primary Dx:_____

Insurance(s) (Private/Medi-cal/CCS): _____

Current Medical Needs (Pain/Respiratory Mgt /Artificial Food & Fluids/Wound Care/IV's/Special Instructions):

Known current DME in use or Needed:

The patient / patient's representative has identified me as his / her attending physician.

Based on my clinical judgement regarding the normal course of this patient's illness, I certify this patient is suffering from a terminal illness with life expectancy of six months or less.

Recent Medical Records Attached:	Yes ○	No ○
I have discussed prognosis with the patient / family:	Yes ○	No ○
I will sign the death certificate:	Yes ○	No ○

Please anticipate a call from our Concurrent Care for Children team to confirm whether or not your patient has been admitted to our Concurrent Care Program. If admitted, the RN will obtain your authorization to implement the Plan of Care and consent to treat.

Physician Signature: _____

Print Name: _____ **Date:**_____