



REFERRAL/SERVICE REQUEST FORM
IntrinsiCare Online Home Health Referral
Phone: (630) 369-8450 • Fax: (630) 369-6984

Today's Date: _____

Please complete and send this Service Request Form, and include any necessary documents.
Email us at IntakeOnline@intrinsicarehealth.com or send us a fax at **(630) 369-6984**.
Our Intake Team will receive this and be in contact with you shortly. Thank you!

Referring Individual, Family Member(s), Healthcare Partner, or Other:	Phone Number:
Client/Patient Name:	Date of Birth:
Service(s) Requested (please check all that apply): <input type="checkbox"/> Skilled Nursing <input type="checkbox"/> Physical Therapy <input type="checkbox"/> Occupational Therapy <input type="checkbox"/> Speech Therapy <input type="checkbox"/> Home Health Aide Additional Treatment/Instructions/Order Information:	
Primary Dx:	Secondary Dx:
Please attach the following documents: <input type="checkbox"/> Patient demographic sheet <input type="checkbox"/> Most recent medication list <input type="checkbox"/> Most recent history & physical/progress note(s) <input type="checkbox"/> Insurance Information <input type="checkbox"/> Face to Face Encounter (generated by MD office and/or MD visit notes)	
Primary Care Physician:	
Primary Care Physician Phone Number:	Primary Care Physician Fax Number:

Referring Party Name PRINT

Referring Party Name SIGNATURE

Thank you for your interest in IntrinsiCare. We provide compassionate, evidence-based and genuine home health care services at any location you need us. We believe that every client has goals we can help them reach and that our services will aid clients in building resiliency. Each IntrinsiCare Nurse, Therapist, and Home Health Aide provides excellent home health care services and supportive care, but what makes IntrinsiCare special is the compassion we provide and the trust we build with our clients.