Nevada Senior Services, Inc.
Hospital 2 Home
901 N. Jones Blvd. Las Vegas, NV 89108
(702) 333-1539
Brussell@nevadaseniorservices.org

HOSPITAL 2 HOME REFERRAL FORM

Date: ______________________

Referral by: ________________________ Phone #:________________________________

Name of Agency: _____________________ Email: _________________________________

Participant Information

Participant Name: ___________________________Phone #:______________ ☐ Check if primary contact

Hospital: __________________________ Patient Room Number: _______________________

Diagnosis: _________________________ Reasons for Admission: _______________________

Caregiver Information

Caregiver Name/Relationship: __________________________________ ☐ Check if primary contact

Contact Phone #: _______________________ Email: ________________________________

Hospital 2 Home Eligibility Criteria

1. **Patient 60+ or with intellectual or developmental disabilities:**
   - Does patient live alone? ☐ Yes ☐ No
   - Does patient have moderate to severe dementia? ☐ Yes ☐ No
   - Is the patient living with intellectual disability or at high risk for dementia? ☐ Yes ☐ No
   - Does patient have symptoms of mild cognitive impairment that are concerning? ☐ Yes ☐ No
   - Does patient or caregiver need assistance with behavioral symptoms? ☐ Yes ☐ No

Has patient or caregiver been effected by, exposed to, or socially isolated due to COVID-19 ☐ Yes ☐ No

2. Destination After Hospitalization:

3. Complex Medical Cases - briefly explain or list below current diagnosis, symptoms, situation being experienced:

Please email or fax this form to: **Nevada Senior Services - Hospital 2 Home**
Email: Brussell@nevadaseniorservices.org **Fax:** (702) 648-1408

Nevada Senior Services is a nonprofit, 501 (c) (3) organization dedicated to improving the physical, spiritual and emotional health of individuals and families by providing a comprehensive range of health, education, and social services for those facing the challenges of chronic disease, disability and aging.