



**Nevada Senior Services, Inc.**  
**Hospital 2 Home**  
901 N. Jones Blvd. Las Vegas, NV 89108  
(702) 333-1539  
[Brussell@nevadaseniorservices.org](mailto: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: \_\_\_\_\_ Age: \_\_\_\_\_

Diagnosis: \_\_\_\_\_ Reasons for Admission: \_\_\_\_\_

### Caregiver Information

Caregiver Name/Relationship: \_\_\_\_\_  Check if primary contact

Contact Phone #: \_\_\_\_\_ Email: \_\_\_\_\_

### Eligibility: Adults 18+

#### 1. Patient is 18+ with a need for assistance:

- Does the patient live alone?  Yes  No
- Does the patient have moderate to severe dementia?  Yes  No
- Is the patient living with an intellectual disability or at high risk for dementia?  Yes  No
- Does the patient have symptoms of mild cognitive impairment that are concerning?  Yes  No
- Does the patient or caregiver need assistance with behavioral symptoms?  Yes  No

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

#### 2. Destination After Hospitalization & Address:

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

Please email or fax this form to: **Nevada Senior Services - Hospital 2 Home**  
**Email:** [Brussell@nevadaseniorservices.org](mailto:Brussell@nevadaseniorservices.org) **Fax:** (702) 648-1408 **Web:** [Hospital2Home.Org](http://Hospital2Home.Org)

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.