



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

NSSadmissions@NevadaSeniorServices.Org



HOSPITAL 2 HOME
CARE TRANSITIONS

HOSPITAL 2 HOME REFERRAL FORM

Date: _____

Referral by: _____

Phone #: _____

Name of Agency: _____

Email: _____

Participant Information

Participant Name: _____ Phone #: _____ Check if primary contact

Hospital: _____ 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 mild, moderate or 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 cognitive impairment that are concerning? Yes No
- Does the patient or caregiver need assistance with behavioral symptoms? Yes No
- Is the patient unhoused/homeless? Yes No
- Has the patient or caregiver had COVID-19, been exposed to it, or is socially isolated? Yes No

2. Home Address (or destination after hospitalization):

3. Briefly explain or list below the current diagnosis, symptoms, and situation being experienced:

****H2H evaluates referrals during regular business hours. H2H is not an emergency response program****

Please email or fax this form to: **Nevada Senior Services - Hospital 2 Home**
Email: NSSadmissions@NevadaSeniorServices.Org **Fax:** (702) 648-1408 **Web:** Hospital2Home.Org