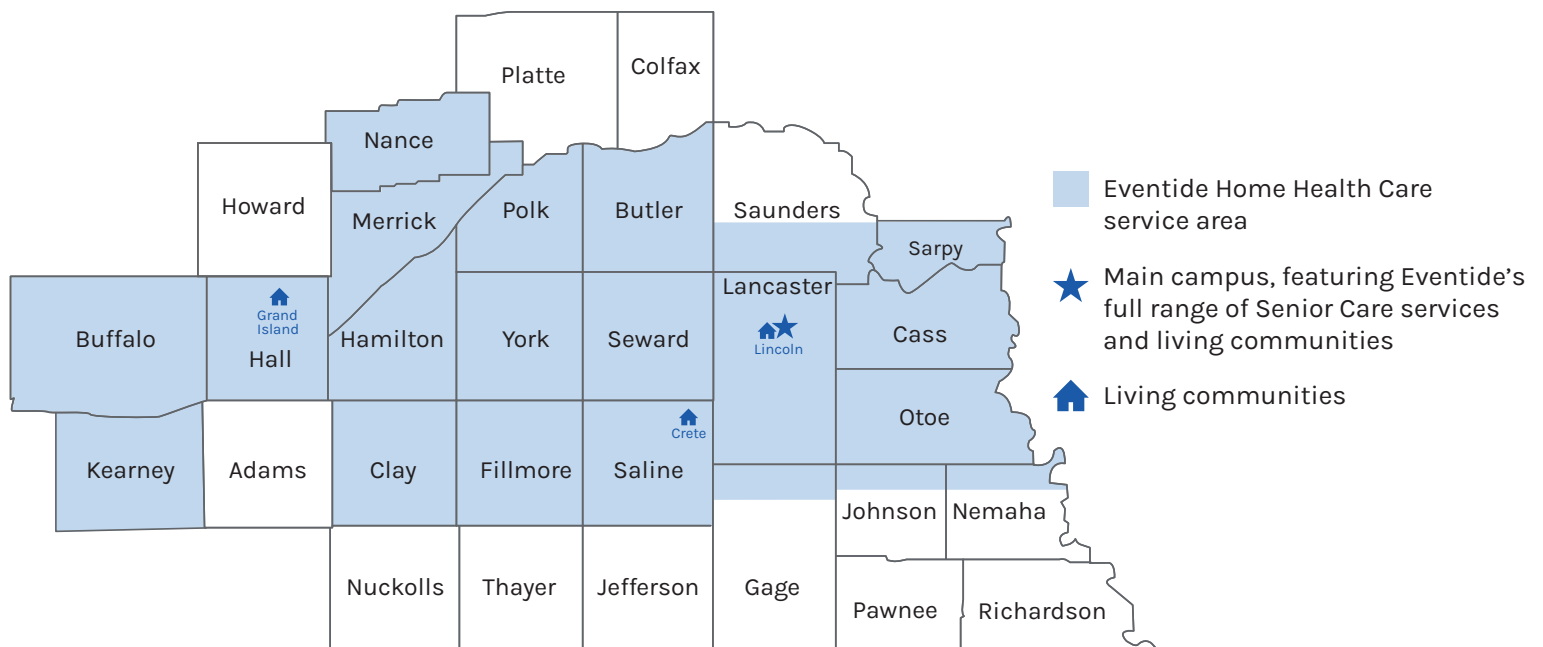


Contact: Continuum Navigation **Phone:** 402.486.9604 **Fax:** 402.486.8590

Information for comment note on Epic referral:

- 1 Discharge Date
- 2 HHC Disciplines Requested
- 3 Diagnosis for HHC
- 4 Discharge Location: Home, Family Home (including address if not listed), ALF
- 5 Home Support: Does client live alone, with family, have paid caregivers or any family support?
- 6 Specialty Needs: IV antibiotics, Drains, Foley Catheters, Ostomies, Lab Draws and Wound Care
- 7 Recommended Services Declined: Was client recommended to SNF, Hospice or completed a palliative consult but declined the services?



We're here to help: Any questions in regards to location, payers or specified care needs, call Kiley Al-hirez, Eventide Lead Continuum Navigator | 402.484.9681