



Central Washington Hospital Home Infusion Referral  
1201 S Miller St Wenatchee WA 98801  
Phone 509-433-3352 Fax 509-436-3003

**PLEASE FILL OUT IN FULL, INCOMPLETE FORMS MAY RESULT IN A DELAY OF CARE**

Referral Type:  New  Continuation of service from Confluence Health Home Infusion

Please attach a current patient facesheet and the last RD note.

**Will this patient be flowed by a Confluence Health RD?**  yes  no

Non Confluence Health RD caring for patient:

Name \_\_\_\_\_ Phone Number \_\_\_\_\_ F/U Date \_\_\_\_\_

Referring Facility:

Company Name \_\_\_\_\_ Referring Provider \_\_\_\_\_

Referring Provider Phone Number \_\_\_\_\_ Fax \_\_\_\_\_

Primary Contact Name and Phone Number \_\_\_\_\_

Patient Information:  Adult  Pediatric

Name \_\_\_\_\_ DOB \_\_\_\_\_

Address \_\_\_\_\_

PCP \_\_\_\_\_

Primary Insurance \_\_\_\_\_

Secondary Insurance \_\_\_\_\_

Formula and Supply Needs:

- Formula (oral supplements) only
- Supplies only (enteral only)
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  - Syringe Bolus  Gravity Bag  Pump

Type of feeding tube: NG NJ PEG Peg-J PEJ

For PEG, PEG-J and PEJ tubes, is the tube.....  low profile or  no brand

Order – Please attach last Provider note and Dietician Recommendation

Formula \_\_\_\_\_

Concentration \_\_\_\_\_

Volume per day \_\_\_\_\_

Okay to substitute formula for HI formulary equivalent product

Thank you!