

## Global Telehealth & Psych

### Referral Intake Form for Doctor's House Calls:

#### Patient Information:

- Full Name:
- Date of Birth:
- Gender:
- Contact Information (Phone, Email, Address):
- Emergency Contact Name and Phone Number:
- Primary Care Physician (if applicable):

#### Medical History:

- Brief description of medical condition requiring house call:
- Any relevant medical history or chronic conditions:
- Current medications (include dosage and frequency):

#### House Call Details:

- Preferred date and time for house call:
- Address where house call will take place:
- Any specific instructions or directions to the location:
- Any special accommodations or equipment needed for the visit:

#### Insurance Information:

- Insurance Provider:
- Policy/ID Number:
- Group Number:
- Primary Insurance Holder (if different from patient):

#### Home Health Agency Name:

#### Name & Contact of the personnel completing this form:

- Authorized personnel's Signature:
- Date:

Please complete this form to the best of your ability and email it to us at [globaltelehealthpsych@gmail.com](mailto:globaltelehealthpsych@gmail.com) at least 2 days prior to the requested house call date. If you have any questions or need assistance, please don't hesitate to contact us. Thank you.