Covenant Home Infusion

Referral Intake Fax – 806.725.4942
Hours – 8:30 a.m. CST to 5:30 p.m. CST
For Immediate Assistance, please call
Covenant Home Infusion at 806.725.6327 or 800.283.6953

Home Infusion Therapy Fax Referral

Please complete and attach signed orders, current labs, history and physical, then fax to Covenant Home Infusion at the above number.
Covenant Home Infusion will call to confirm acceptance on service.

Referral Contact Name _____

Phone _____ Fax _____

☐ Hospital _____ ☐ MD ☐ RN Agency ☐ Self

☐ Other ☐ Insurance ☐ Case Manager

Patient Name _____ DOB _____

SSN _____ Parent Details/Guardian _____

Address _____ City, State, Zip _____

Home Phone _____ Cell Phone _____

INSURANCE: (*Provide the following information, or attach photocopy of card, if available*)

	Primary	Secondary
Subscribers Name		
Company		
Group Number		
ID #		
Pt. Relationship to Subscriber	☐ Spouse ☐ Parent ☐ Child Other:	☐ Spouse ☐ Parent ☐ Child Other:
Phone		

Primary Diagnosis _____ Height: _____

Secondary Diagnosis _____ Weight: _____

Allergies _____

Access ☐ None or ☐ Type Number of Lumens:

	Therapy 1	Therapy 2
Therapy Ordered	☐ Anti-Infective ☐ Specialty Medication ☐ Enteral Nutrition ☐ IVIG ☐ Pain Management ☐ Parenteral Nutrition-Home Start ☐ Yes ☐ No ☐ Other	☐ Anti-Infective ☐ Specialty Medication ☐ Enteral Nutrition ☐ IVIG ☐ Pain Management ☐ Parenteral Nutrition-Home Start ☐ Yes ☐ No ☐ Other
Start of Care Date		
Length of Therapy		
Nursing Agency	Phone	☐ Referring ☐ Assigned ☐ To be Assigned ☐ N/A

Prescribing Physician _____

Office Contact Person _____

Phone: _____ Fax: _____

Secondary Physician _____