



Veterans Administration

VHA FAX TRANSMITTAL

TO: **Megan Barton, LCSW**
CNH Coordinator, Orlando
VAMC, Phone **(407)631-3311**

FAX NUMBER
407-643-9230

FTS

COMMERCIAL

DATE

NO. PAGES
ATTACHED

SUBJECT

Request for Community Nursing Home Authorization

FROM

Hospice staff, SNF staff, Other

TELEPHONE NUMBER

FTS

COMMERCIAL

The information listed below is required to complete a CNH referral. The information will be reviewed to determine the Veteran's most appropriate level of care needs and whether VA authorization will be provided.

- _____ State of Florida 3008 form; *both pages signed and dated by doctor, no older than 30 days*
- _____ Admission Face Sheet
- _____ History and Physical
- _____ Consult summaries
- _____ Current med list
- _____ Therapy evaluations and most recent therapy progress notes, if applicable
- _____ Specialty Care Needed including:

Oxygen:	type:	frequency:	
TPN/tube feedings:	type:	frequency:	
IVA:	type:	frequency:	
HBO:	type:	frequency:	
Chemo/Radiation:	type:	frequency:	location:
Wound Care/Vaccum:	type:	frequency:	
Dialysis:	type:	frequency:	location:
Other:	type:	frequency:	location:

- _____ **Name of the contract nursing facility** accepting Veteran.
- _____ Please list a point of contact and phone number for the source of Veteran's referral (hospice agency, skilled nursing facility, etc.) so follow-up can be made regarding the status of referral.

Thank you for your assistance.

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