234-B East Meadow Road Eden NC 27288
P.O. Box 66 Eden NC 27289
336-623-2547 - www.royaltyhwr.com

Royalty
Adult & Pediatric Home Care

Home Care Referral Form

Referral Date: ☐ Adult ☐ Pediatrics	Referral From:	Telephone/Fax:

Referral Information
(Please attach demographic sheet, history & physical, and medication list if available)

Patient Name: Last	First	MI

Sex: ☐ Male ☐ Female	DOB:	Marital Status:	SS#
Address:			Apt #

City:	Zip:	Phone:
Emergency Contact	Relation:	Phone: h/c/w
Alternate/Support Person	Relation:	Phone: h/c/w
Primary Diagnosis:		

Client Needs

Companion/Sitter/Respite Level	Personal Care Level	Nursing Needs
☐ Visiting & Safety Monitoring	☐ Toileting	☐ Medication Administration
☐ Errands	☐ Bathing	☐ Medication Set up
☐ Escort to Appointments	☐ Mobility	☐ Medication Management
☐ Meal Preparation	☐ Transfers	☐ Other:
☐ Medication Reminders	☐ Dressing / Grooming	
☐ Community or In home Activities	☐ Eating	
☐ Providing respite for caregivers	☐ Continence	
☐ Other:		

***Light Housekeeping is included with services but not as a stand alone service.**

Anticipated Times of Service: ☐ **24/7 or list below**

Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday

Anticipated Start of Service Date:

Physician

PCP:	Phone
Address:	

Insurance

Primary Insurance:	Phone:

Policy Holder	Policy #	Group #

☐ Self/Private Pay:	Responsible Party:	Phone:

Please fax to 336-623-2548

Service area: Rockingham, Caswell, Stokes, Alamance, Forsyth, and Guilford counties.
Once received a company representative will contact you for a one on one no obligation consultation

Office Use:
Date Received___________ Processed By: __________ Initial Contact: __________ Contact By: ____________ ap1/18