CCA
Comfort Care for All

Placement Services
Long Term Care Solutions
ALTCS Applications
Case Management

PATIENT NAME:
DOB:
PHONE:
ADDRESS:
INSURANCE:
HT: **WT:** **INCOME:**

REFERRAL STATUS

☐ **URGENT** ☐ **ROUTINE**

CENTRAL SCHEDULING
480-212-6933

CENTRAL FAX
602-428-9272

PLEASE INCLUDE:

- Demographics
- Clinical Records
- Height | Weight
- Monthly Income

Service for Seniors in Need of LTC

- **Decrease Readmission Penalties**
- **Safe Discharge Solutions for Seniors**
- **Improve Patient Outcomes**
- **Reduce Length of Stay after Medical Clearance**

SERVICES

- ☐ Complimentary Consultation
- ☐ ALTCS Application
- ☐ Hospital Discharge Coordination
- ☐ Long Term Care Support
- ☐ Resource Assistance

ELIGIBILITY

- ☐ Age 65 or Greater
- ☐ Local Service Area
- ☐ Inability to Perform ADLs
- ☐ Chronic Illness, Dementia
- ☐ Failure to Thrive

If you are uncertain if your patient/client qualifies, check the service for Consultation, and our patient navigator will conduct an initial interview to assess the care needs.

Referred By _____ Phone _____

Primary Care Physician _____ Phone _____