



CONCIERGE CARE ADVISORS™

ELEVATING ELDER CARE



SENIOR CARE & TRANSITIONS



Physician Referral Quick Reference Guide

(855) 444-7364

Our Certified Care Advisors are available by phone or online anytime. When you or your patients and families need help finding in-home or alternative living options, we're here to help find the right solution.

[CONCIERGE CARE ADVISORS.COM/PHYSICIAN-REFERRAL](https://www.conciergecareadvisors.com/physician-referral)



SCAN CODE
FOR ONLINE
REFERRAL
FORM

A BIT ABOUT US

Concierge Care Advisors is leading the charge in helping seniors and their families navigate the new complexities of finding quality senior care and transition options during this new reality.

Our Director of Patient Care & Transitions partners with your practice to help ensure your patients receive high-quality, un-biased in-home care, resources, or referrals to the most appropriate senior living communities. With extensive experience in social work, discharge planning, and case management, our team is equipped to help you and your practice connect your patients to the best care possible—with care and compassion.

Whether you're concerned about patients living alone who may require more care, medication management, or help preparing meals, our advisors are trained to identify and recommend resources in a timely manner.

Our experts in senior care, social work, and placement services can help you find the right resources at the right time—and at the right cost for patients. Some of the most common reasons to send a patient referral our way include:

- ❖ Recent increased falls
- ❖ Multiple ED visits or hospitalizations
- ❖ Difficulty with transportation
- ❖ Increased signs of depression



“TIMELY, PERSONAL, AND CARING ASSISTANCE WITH FINDING HOME CARE, ASSISTED LIVING, OR ADULT FAMILY HOME OPTIONS.”



With our Certified Care Advisors, instead of a confusing self-serve menu where patients have to fend for themselves, we provide personalized guidance in senior living communities, assisted care, home safety checks, and more — all in one place and at **no cost** to seniors or their families.



We are Concierge Care Advisors.

Locally owned and operated for more than ten years, we can match your patients with a live advisor who will meet with them online, by phone, or in-person. Our 360° Concierge Service model means we advocate on your behalf from our first meeting to final follow-ups. And, we've personally vetted and partnered with qualified senior care services providers from legal and financial services, to nutrition and food benefits. We mean every part of our name—that's our difference.

SENIOR CARE AND TRANSITION REFERRALS

WE ARE HERE FOR YOU

We have been working with physician practices for years and understand that identifying the right care and transitions can be complicated and time-consuming. That's why we've created our fast, easy, and HIPAA-compliant Physician Referral Form. Simply complete basic information online, via email, or fax and we'll take it from there. In fact, we commit to reaching out to your patient or their family within one hour.

We will then consult with the designated contact and provide an intake and assessment. One of our Certified Care Advisors will then assist the patient—and follow up with your point of contact in 30-days ensuring there are no gaps in the senior's care and transition.

FREE, SECURE, HIPAA-COMPLIANT ONLINE REFERRAL SYSTEM

1

REFERRING PHYSICIAN

Confidential Senior Care Referral
To be completed by clinician on behalf of patient needing in-home care or change in housing accommodations.

Referring Physician

Physician Name *
Raymond Morgan MD
First Name Last Name Suffix

Phone Number *
(123) 456-7892
Please enter a valid phone number.

Designated Point-of-Contact for Referring Physician
i.e. physician's assistant, nurse practitioner, etc.

Physician Point of Contact *
Elisabeth Sanchez
First Name Last Name

Phone Number *
(123) 456-7890
Please enter a valid phone number.

Email *
PA@MorganMD.com
example@example.com

NEXT

2

PATIENT & FAMILY INFO

Patient Information

Patient First Name *
Betty

Patient Last Name Initial *
S

Patient Gender *
 Female
 Male

Patient Age *
81

Patient's Primary Diagnosis (reason for referral): *
Limited mobility; has had three falls in last 30 days.

Family Member or Power of Attorney (POA)

Family Member or POA Name *
Rhonda Sullivan-Baker
First Name Last Name

Family Member or POA Phone Number *
(123) 456-7899
Please enter a valid phone number.

Family Member or POA Email
rhonda@gmail.com
example@example.com

BACK NEXT

3

REASON FOR REFERRAL

Reason for Referral

Primary reason for referral: *

- Home Safety Check
- Fall Risk
- Change of Condition
- Multiple ED Visits/Hospitalizations
- Senior Can No Longer Provide Own Care
- Family Can No Longer Provide Adequate Care for Senior
- Other

List "other" reasons below:
Type here...

BACK NEXT

4

PATIENT CONSENT & AUTHORIZATION

Referral Authorization

I certify that I have the patient's or the patient power of attorney's authorization to submit this information to Concierge Care Advisors under the Health Insurance Portability and Accountability Act (HIPAA).

Submitted By:
Elisabeth Sanchez
First Name Last Name

Date
12-01-2020
Date

Please verify that you are human *
 I'm not a robot

BACK SUBMIT

ACCESS FREE ONLINE
CONCIERGECAREADVISORS.COM/PHYSICIAN-REFERRAL



I can't say enough about Concierge Care Advisors. I needed to find a specific kind of home for a person in a short amount of time. Our advisor was diligent, efficient and worked with the family to get an appropriate placement.

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