



MercyOne East Village
 Palliative Care
 1350 Des Moines St., Ste. 110
 Des Moines, IA 50309
 T 515-643-4915
 F 515-643-8804
 MercyOne.org/desmoines

REQUEST FOR REFERRAL APPOINTMENT/COMMUNICATION FORM
 MercyOne Palliative Care

Patients' Name: _____ DOB: _____ Sex: _____
 Best Phone # _____ Emergency Contact _____
 Referral Date: _____ Emergency Contact Ph. # _____
 Primary Care Provider: _____ Primary Care Phone # _____
 Insurance: _____ Insurance ID _____
 Interpreter Needed: Yes/No _____ If Yes, Language: _____
 Referring Provider's Name: _____ Office Contact Name _____
 Referring Provider's Phone: _____ Office Contact Fax # _____

Please send patient demographic/copies of insurance & fax referral form with face sheet, medication list, recent progress note, labs and diagnostics and H&P to: 515-643-8804

How can Palliative Care assist you with this patient?

- Advanced care planning
- Social/financial issues
- Clarify goals of care
- Caregiver burden
- Symptom management – Palliative Care diagnosis related to disease (fatigue, dyspnea, pain, nausea, cough)
 *Palliative Care does not do non-malignant chronic pain management

If possible, we prefer to meet our patients in person at their initial visit, however we understand this may present a hardship for some and telehealth/zoom visits are available upon request.

Primary diagnosis related to Palliative Care:

- Heart failure (stage _____)(EF, if available _____)
- Cancer (stage _____)
- Lung disease
- Neurological disorder
- ESRD (stage _____)
- Hepatic failure (MELD score _____)
- Diabetes mellitus with complications (osteomyelitis, uncontrolled BS, open wounds, infections)
- Prognosis under 1-2 years
- Progressive functional decline in past 6 months
- Multiple hospitalizations/ER visits in last 6 months
- High caregiver burden
- Failure to thrive
- Other _____