

In order to process this form, please complete all areas.

Person filling out the form: _____ Phone: _____

Relationship to patient: _____ Email: _____

- Urgent (seen in 3 business days of being clinically approved)
- Routine (seen in 7 business days of being clinically approved)

Diagnosis or Problem: _____

Section 1 – Patient Name and Information as it appears on ID

First Name: _____ Last Name: _____

Date of Birth: _____ Gender: Male Female

Address where patient will be seen (**must be in Harris County**):

Phone: _____ Social Security Number: _____

Insurance: _____ Insurance Phone #: _____ Member ID #: _____

Emergency Contact: _____ Relationship to patient: _____ Emergency Contact Phone: _____

Section 2 – House Call Service Location

- LBJ House Call UT (Palliative, Geriatric & Family Medicine)
- BT House Call Baylor (Geriatric)

Section 3 – Reason for House Call (check all reasons)

- Cannot leave home (homebound)
- Needs ambulance to leave home (bedbound)
- Care to manage symptoms (Palliative Care)
- Concern for frequent falls at the home
- Care Coordination with facility to home
- Other: _____

Section 4 – House Call Service Clinical Exclusions (we do not accept patients with the following below):

*Patients with a Left Ventricle Assist Device (LVAD) – Patient on Total Parenteral Nutrition (TPN)
Patients on a ventilator – Patients admitted to Hospice, Skilled Nursing Facility or Long Term Acute Care*

Section 5 – Attach a copy of all clinical and demographic information below:

- State issued Driver’s License, ID, or passport with picture
- Insurance card; copy both sides; hospital demographics sheet
- History and Physical, Laboratory findings, Discharge summary
- Where/when last admitted to hospital (name of facility and location): _____

Primary Care Physician Contact information:

Name: _____
Phone #: _____
Fax#: _____

Printed Name: _____ Date: _____

Signature: _____ Phone Number: _____ receive texts? **Y/N**

(Appointments and provider arrival notifications sent via text message)

Patient ID:



House Call Services Request

Monday – Friday 8 am to 4:30 pm
Phone #: 713-814-4505 Fax#: 713-440-5585
Email: housecallprogram@harrishealth.org