

In order to process this form please complete all areas.

Person filling out the form: _____ Phone: _____

Relationship to patient: _____ Email: _____

Urgent

Routine

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 Name: _____ Emergency Contact Phone: _____

Section 2 – House Call Program Location

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

BT House Call Baylor (Geriatric)

Preferred days and time of visit: _____

(Preferred days and times are subject to change)

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

Cannot leave home (homebound)

Needs ambulance to leave home

Frequent Emergency Room visits

Missed 2 or more clinic appointments in a row

Care to manage symptoms (Palliative Care)

Other: _____

Section 4 – Attach all clinical and demographic information

Copy of patient's:

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: _____

Primary Care Physician Contact information:

Name: _____

Phone #: _____

Fax#: _____

Printed Name: _____ Date: _____

Signature: _____

Patient ID: _____



House Call Services Request

Phone #: 713-814-4505 Fax#: 713-440-5585

Email: housecallprogram@harrishealth.org

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