Acute Home Infusion Referral Form

Please send the following with clinical documentation, which includes visit, physical and history notes, plus lab results for last 3 months, to:

p: 844.575.1515 | f: 844.797.5050 | e: specialtyreferrals@soleohealth.com

This form is not a valid prescription

✂ Please detach before submitting to a pharmacy. Cut or tear here.

PATIENT INFORMATION

Patient Name	DOB	Contact Phone	
Address	City	State	Zip
Gender ☐ M ☐ F	Social Security, last 4 digits	Weight (lb.)	Height (in.)
☐ NKDA	☐ Allergies		Date
ICD-10 code (required)	ICD-10 description		
Patient Status ☐ New to Therapy ☐ Continuing Therapy	Discarge Date	SOC Date	

PRESCRIBER INFORMATION

Ordering Prescriber	Prescriber NPI		
Practice Name	Phone	Fax	
Practice Address	City	State	Zip

REQUIRED DOCUMENTATION

☐ Insurance Cards ☐ History & Physical ☐ Most Recent Labs ☐ Medication List

TREATMENT PLAN

Medication: ____________________ Dose: ____________________ Duration: ____________________

Medication: ____________________ Dose: ____________________ Duration: ____________________

Medication: ____________________ Dose: ____________________ Duration: ____________________

Medication: ____________________ Dose: ____________________ Duration: ____________________

☐ Other	Include dosage, frequency and any other special instructions below

☐ Refills

PREMEDICATION

☐ Include premedication per Pharmacy's infusion protocol.

☐ Other ______________________________

LABORATORY ORDERS

☐ CBC every __________

☐ CMP every __________

☐ Other

NURSING

Skilled RN to establish and maintain vascular access as needed, draw ordered labs, conduct patient assessments, and educate on home infusion, medication administration, self-monitoring and safety.

The Pharmacy may contact the prescriber to comply with state-specific requirements. The prescriber is required to comply with any applicable state-specific prescription requirements (e.g., e-prescribing, prescription forms).

The information in this form is intended only for the person(s) or entity to which it is addressed and may contain confidential or legally protected material. If you receive this information in error, please contact the sender and destroy the document(s) promptly at the direction of the sender.

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