



Kim's Connect Program Referral Form

479 Dellwood Road Waynesville, NC

Phone: 828-452-2313 Fax: 828-452-5451

Hours: Monday- Friday 9AM-7PM Saturday: 9AM-2PM

PATIENT INFORMATION

Patient Name:

DOB:

Address:

Social Security #:

Primary Phone Number:

Secondary Phone Number:

Best Time to Contact/Visit:

Morning

Afternoon

Allergies:

Health Conditions:

Primary Care Physician:

Phone:

Specialists:

Contact:

Caregiver/Secondary Contact:

Relationship:

INSURANCE INFORMATION

**Please make a copy of insurance card (front & back) if available

Primary Insurance Type: Medicare NC Medicaid Commercial Insurance Self Pay

REFERRAL INFORMATION

Referral Source (Agency and Phone Number):

Date:

Referral Reason: Adherence

Delivery

Complex Regimen

Transitions of Care

If discharging from Hospital/Facility or to Home Health please provide discharge date: _____

THANK YOU for your referral!