Referral Checklist for DPT SNF Referrals

Please provide all of the information requested below in one complete SNF Packet

Incomplete packets will not be accepted

☐ Name & Direct contact number of CM/SW/DCP
☐ Completed DPT Form (Required)
☐ Face sheet
☐ H&P
☐ MD Progress notes (Last 48 hours only)
☐ Most current Rehab Notes: PT / OT / ST (If applicable)
☐ Most current Psych. Notes (If applicable)
☐ Most current MAR (IV medications: must include name of medication, dosage, frequency and duration / end date)
☐ Social Services Notes (Pertinent info only)
☐ List of facilities attempted: SNF / SAU (Must include facility name and reason facility declined)

Other:

Isolation needed (Yes or No)

Discharge Barriers (Describe):

Special note:

COVID test within last 72 hours: Date: Result:

COVID Vaccination: Date of 1st Dose: 2nd Dose: