COMMUNITY
VISITING NURSE
ASSOCIATION

Community VNS | Community Home Care | Community Care Hospice

We Welcome all New Referrals!

Intake Tele # 908-895-2222

Please include the following when faxing the information to:

Fax 908-722-3014 or 908-526-6064

1. Facesheet with demographics to include name, primary insurance, family contact info (POA if needed for consent), name of primary care physician
2. History and Physical, most recent Physician note to indicate health status, diagnosis, and reason for homecare services. This may also include recent hospital or rehab note.
3. Medication List
4. Please indicate skill services needed: Skilled Nursing, Physical Therapy, Occupational Therapy, Speech Therapy, Medical Social Worker, Nutritionist, and Home Health Aid (Rx with indication for need would be fabulous).
5. As required by Medicare, a Medicare Face to Face document must be completed and signed by the physician indicating need for VNA.
6. Covid 19 test results and Covid 19 vaccination documentation

Please reach out with any questions or concerns. Once you have determined that VNA services are needed, please call us so that we may be on the look-out for your faxed information.

We look forward to helping serve your patients and assist with providing the best care and outcomes for our patients!

Community VNA Staff

110 West End Avenue • Somerville, NJ 08876
(908) 725-9355 • Fax (908) 253-9672
www.communityvna.org

COMMUNITY VISITING NURSE ASSOCIATION & AFFILIATES

☑ 110 West End Avenue
Somerville, NJ 08876
Phone: (908) 895-2222
Fax: (908) 722-3014

☐ 200 Coventry Drive
Phillipsburg, NJ 08865
Phone: (908) 725-9355 ext. 2309
Fax: (908) 859-6016

INTERIM ORDER

To: ..... Patient: .....

Fax # ..... DOB: .....

# of Pages: ..... Date: .....

START OF CARE ORDER:

Community VNA has received your request to provide home health care services to the above mentioned patient for the following discipline(s) of service:

Services requested: ☐ Skilled Nursing, ☐ Physical Therapy, ☐ Occupational Therapy, ☐ Speech Therapy, ☐ Evaluate for Home Health Aide, ☐ Medical Social Worker, ☐ Registered Dietician.

If, you should have any questions, please contact our office immediately. Thank you for the opportunity to serve your patient.

_____
Signature of Nurse

I am this patient's primary care physician and/or specialist and will be following him/her in the community. I will work in collaboration with CVNA and agree to sign The Plan of Treatment and physician's orders) for this patient

Physician Reply/Comments: _____

_____

_____ _____
Signature of Physician Date

Please sign, date and return this order promptly to the fax # checked below in order that we may resume care.

[✓] Fax: (908) 722-3014 [ ] Fax: (908) 859-6016

Confidential:

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To: ..... Patient: .....

Fax # ..... DOB: .....

Date: ..... # of Pages: .....

INTERIM ORDER/RESUMPTION OF CARE ORDER:

The above mentioned patient is scheduled for or has been discharged from the following facility:

_____ on _____ and Community VNA has received a request to resume home health care services for him/her. Services requested by referral source are as follows:

Services to resume: ____ Skilled Nursing, ____ Physical Therapy, ____ Occupational Therapy, ____ Speech Therapy, ____ Home Health Aide, ____ Medical Social Worker, ____ Registered Dietician.

Additional services ordered: ____ Skilled Nursing, ____ Physical Therapy, ____ Occupational Therapy, ____ Speech Therapy, ____ Evaluate for Home Health Aide, ____ MSW, ____ Registered Dietician.

If, you should have any questions please contact us immediately at the number indicated/checked above. Again, thank you for the opportunity to serve your patient.

_____
Signature of Nurse

I am this patient's primary care physician and/or specialist and will be following him/her in the community. I will work in collaboration with CVNA and agree to sign the home health care/physician orders for this patient.

Physician Reply/Comments: _____

_____

_____ _____
Signature of Physician Date

Please sign, date and return this order promptly to the fax # checked below in order that we may resume care.

[ ] Fax: (908) 722-3014 [✓] Fax: (908) 859-6016

Confidential: