

Northwest Montana Care Transitions Coalition Referral Checklist

Referral to Skilled Nursing Facility/Long-Term Care (Phone and Fax):

- | | |
|---|---|
| <input type="checkbox"/> Brendan House Phone: 751-6500 Fax: 751-6544 | <input type="checkbox"/> Polson Health & Rehab Phone: 883-4378 Fax: 883-3222 |
| <input type="checkbox"/> Heritage Place Phone: 755-0800 Fax: 755-0801 | <input type="checkbox"/> Montana Mental Health Nursing Care Center (Lewistown) Phone: 538-7451 Fax: 535-2863 |
| <input type="checkbox"/> Immanuel Lutheran Home Phone: 752-9622 Fax: 407-9497 | <input type="checkbox"/> Montana Veterans Home Phone: 892-3256 Fax: 892-0256 |
| <input type="checkbox"/> Lakeview Care Center Phone: 837-5041 Fax: 837-1145 | <input type="checkbox"/> Mountain View Manor (Eureka) Phone: 297-2541 Fax: 297-2543 |
| <input type="checkbox"/> Libby Care Center Phone: 293-6285 Fax: 293-4791 | <input type="checkbox"/> Whitefish Care & Rehab Phone: 862-3557 Fax: 730-8512 |

Referral to Assisted Living:

- | | |
|---|---|
| <input type="checkbox"/> Bee Hive Homes of Columbia Falls Phone: 270-0513 | <input type="checkbox"/> Prestige Assisted Living Phone: 756-1818 Fax: 756-0583 |
| <input type="checkbox"/> Bee Hive Homes of Kalispell Phone: 871-8667 Fax: 752-2351 | <input type="checkbox"/> Renaissance Senior Care Phone: 755-4483 Fax: 755-1293 |
| <input type="checkbox"/> Buffalo Hill Terrace Phone: 752-9624 Fax: 407-9502 | <input type="checkbox"/> Rising Mountains Phone: 837-2698 Fax: 837-1426 |
| <input type="checkbox"/> Echoview Assisted Living Phone: 314-2233 Fax: 844-866-3310 | <input type="checkbox"/> The Springs of Whitefish Phone: 862-6322 Fax: 862-6328 |
| <input type="checkbox"/> Edgewood Vista Phone: 203-1129 Fax: 755-3249 | <input type="checkbox"/> Timber Creek Village Phone: 892-3400 Fax: 892-3477 |
| <input type="checkbox"/> Friendship House Phone: 257-8375 Fax: 257-6675 | <input type="checkbox"/> Wel-Life at Kalispell Phone: 756-8688 Fax: 756-0095 |
| <input type="checkbox"/> Hidden Meadow Assisted Living Phone: 897-1017 Fax: 897-1031 | <input type="checkbox"/> Other: |

Referred From:

Name and Title:

Phone: _____ Fax: _____

Primary Care Provider Name:

Phone: _____ Fax: _____

Included Documents:

- | | |
|---|--|
| <input type="checkbox"/> Current H&P | <input type="checkbox"/> Physical therapy (PT)/occupational therapy (OT) notes (if applicable) |
| <input type="checkbox"/> Medication list | <input type="checkbox"/> COVID status results, or if recovered |
| <input type="checkbox"/> Physician's progress note | <input type="checkbox"/> Last set of labs/diagnostic studies |
| <input type="checkbox"/> Discharge summary | <input type="checkbox"/> Vaccination history |
| <input type="checkbox"/> Admission order with diagnoses | <input type="checkbox"/> Other notes: |
| <input type="checkbox"/> Face sheet, including insurance information | <input type="checkbox"/> Upon discharge, contact PCP, send same info |
| <input type="checkbox"/> Point of contact/patient's power of attorney (POA) | |