



## PRIMARY CARE REFERRALS

To initiate a referral to HCMA, a phone call to the practice is required. The following forms should then be faxed to our office by the agency personnel in order to complete the referral process. Once we have received all necessary paperwork, the patient will be contacted to setup an appointment if he/she qualifies for a home visit.

1. HCMA Consent forms (found on our website under the Resource tab). The forms will need to be signed by the patient/caregiver.
2. Facesheet
3. Insurance information
4. Intake and/or History and Physical information (if referral done by third party agency)
5. Discharge summary or last 2 progress notes (if patient is recently discharged and needs PCP)
6. Labs, diagnostic radiology or procedures perform (if recently discharged from hospital, and applicable)
7. Current Medication Reconciliation list and patient pharmacy information
8. Former primary care physician name and contact information (if applicable)
9. Case manager or social worker name and contact information (if applicable)
10. Home health agency RN/LPN contact information (if applicable)
11. Physical, Occupational and/or Speech therapy evaluation notes (if applicable)
12. All prior medical records on file

Please feel free to contact our practice manager, Ife Oyeleye for further assistance with the referral process at 770-740-2611. You may also visit our website at, [www.hcmatl.com](http://www.hcmatl.com), to obtain consent forms and a full new patient packet.