



Placement Services
Long Term Care Solutions

ALTCS Applications
Case Management

PATIENT NAME: _____

DOB: _____

PHONE: _____

ADDRESS: _____

INSURANCE: _____

HT: _____ **WT:** _____ **INCOME:** _____

REFERRAL STATUS

URGENT ROUTINE

CENTRAL SCHEDULING
480-212-6933

CENTRAL FAX
602-428-9272

PLEASE INCLUDE:

- Demographics
- Clinical Records
- Height | Weight
- Monthly Income

Service for Seniors in Need of LTC

- Decrease Readmission Penalties
- Safe Discharge Solutions for Seniors
- Improve Patient Outcomes
- Reduce Length of Stay after Medical Clearance

SERVICES

- Complimentary Consultation
- ALTCS Application
- Hospital Discharge Coordination
- Long Term Care Support
- Resource Assistance

ELIGIBILITY

- Age 65 or Greater
- Local Service Area
- Inability to Perform ADLs
- Chronic Illness, Dementia
- Failure to Thrive

If you are uncertain if your patient/client qualifies, check the service for Consultation, and our patient navigator will conduct an initial interview to assess the care needs.

Referred By _____ Phone _____

Primary Care Physician _____ Phone _____

For Questions Contact Us | 480-212-6933
www.directseniorservices.com | support@directseniorservices.com