Pitt County Council on Aging

4551 County Home Road
Greenville, NC 27858
Telephone: 252.752.1717
Fax: 252.752.9365

Professional Referral Form

Date: _____ **Last 4 digits Social Security Number:** _____

Client Information: *Client must reside in Pitt County and be 55 and older; some services require age 60+*

Name:	DOB:	Home Phone:
Physical Address:		Mobile Phone:
Mailing Address (if different):		Email:
Emergency Contact Name/Phone:	Who to Contact (provide contact #):	
Monthly Income of Person Being Referred:		

Eligibility and Demographic Information for Statistical Reporting: (mark those that apply)

	Yes	No				
				Gender: Male Female		
Property owned by Client				Race/Ethnicity:		
60+				Number of falls in past year		
Veteran					Yes	No
Lives alone				Is client able to independently prepare meals?		
Receives Medicaid				Has client been to ER in past 30 days?		
Anyone else able to assist with home modifications/ equipment?				Has client been admitted to hospital in last 30 days? Date of discharge:		
Any walking device? Please list:				Does client have someone who can regularly prepare their meals?		

Risk Considerations: (mark those that apply)

Weakness	Vision Impairments	Neuropathy
Dizziness	Memory Loss	Concern/Worry about falling

Home Health Services: Is client currently receiving any of the services below? (mark those that apply)

Occupational Therapy	Physical therapy	Nursing

Self-Care/Mobility Skills: Mark skills the client needs assistance completing.

Bathing	Dressing	Grooming	Walking
Eating	Toileting	Housekeeping	Going up/down stairs

Services/Equipment Needed: (mark those that apply)

Home Delivered Meal Assessment (60+)	Raised toilet seat (note if arms are needed):	
Congregate Meal Assessment (60+)	Grab bars (List # needed & location):	
Food Insecurity Resources	Hand railings (list # needed & location)	
Nutritional Supplements (Ensure, Glucerna, Nepro)	Reacher	Sock aide
Medical Transportation (60+)	Lg bath sponge	Lg shoe horn
Socialization, Activities, Senior Wellness Centers	Dressing stick	Tub mat (inside tub/shower)
Information & Referral (caregiver, housing, long term care, other resources)	Mini flashlight	Non-skid mat for outside tub/shower)
Long shower hose	Nightlight	Elastic shoe laces
Shower chair	Transfer tub bench	

Referral Source and Employee Name: _____

Phone and Email: _____

If high priority referral, please explain: _____