



MacIntosh Referral Form

Patient Name: _____

Community Interested In:

Canal Winchester Rehabilitation Center, Skilled Nursing & Assisted Living
phone 614-834-6800
fax 380-200-6397

Mill Run Rehabilitation Center, Skilled Nursing & Assisted Living
phone 614-527-3000
fax 614-527-7199

Monterey Rehabilitation Center, Skilled Nursing & Memory Care
phone 614-875-7700
fax 614-875-1321

Pickaway Manor Rehabilitation Center, Skilled Nursing & Assisted Living
phone 740-474-6036
fax 740-420-3342

New Albany Rehabilitation Center, Skilled Nursing & Assisted Living
phone 614-855-8866
fax 614-855-8880

West Park Rehabilitation Center, Skilled Nursing & Memory Care
Phone 614-274-4222
Fax 614-275-3722

Whetstone Rehabilitation Center, Skilled Nursing & Assisted Living
phone 614-457-1100
fax 614-442-5139

Level of Care:

Skilled Nursing

Heart Health

Long Term Care

Assisted Living

Hospice

Respite

Services Needed:

Rehab

Heart Health

Tube Feed/NG Tubes

IV Therapy

IV Lasix

Ostomy Care

Wound Care

LVAD or Life Vest

Tracheostomy

Medication Management

Pain Management

Other – Use comments

Comments:

Physician Name: _____ Phone #: _____ Date: _____

Please return this referral form along with patient information including:
• demographics/face sheet • recent H&P within 30 days • list of current medications

PLEASE FORWARD THE COMPLETED FORM TO THE DESIRED COMMUNITY