Hospice Admission Note

Hospice provider: _____

PATIENT INFORMATION

Name: _____ Medical ID: _____

Date of birth: _____ dd / mm / yyyy Date of admission: _____ dd / mm / yyyy

Primary family contact: _____ Phone number: _____

Secondary family contactL: _____ Phone number: _____

Primary care physician: _____ Phone number: _____

Medical insurance policy number: _____

MEDICAL HISTORY

Primary diagnosis:

Other relevant conditions or allergies:

Current medications:

Recent hospitalizations and procedures:

ADMISSION NURSE NARRATIVE

Fill up the following:

Beneficiary signature:

Date: _____ dd / mm / yyyy

Please describe the patient's recent decline in clinical and functional status and any other factors that have let them to seek hospice care:

Please describe, in detail, the patient's current condition and appearance (including symptoms, pain, vitals, weight, general ability and activities of daily living, mental status, affect, and any additional information):

Please provide any additional information in support of the patient's referral to hospice care, including any relevant information about the wishes of the family:

Nurse signature:
Date: _____ dd / mm / yyyy

Primary care physician signature:
Date: _____ dd / mm / yyyy

CARE PREFERENCES

Advanced directives:

Pain management preferences:

Spiritual/religious needs:

Communication preferences:

End-of-life care/ resuscitation wishes:

Room preferences & personal belongings:

Other:

CARE REQUIREMENTS AND ADL ASSISTANCE

Medication:

Appetite, dietary requirements and feeding assistance:

Personal hygiene assistance:

Mobility requirements:

Toileting assistance:

Transferring assistance:

Other assistance or equipment:

DOCUMENT TYPE

Please tick which of the following hospice documentation has been attached:

Hospice documentation attached

- [ ] Beneficiary election statement
- [ ] Certification of terminal illness (CTI)
- [ ] Advanced care directives or living will
- [ ] Healthcare power of attorney
- [ ] Insurance coverage
- [ ] Care plan
- [ ] Other