

# Hospice Admission Note

Hospice provider: \_\_\_\_\_

Patient information	
Name:	Medical ID:
Date of birth:	Date of admission:
Primary family contact:	Phone number:
Secondary family contact:	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

This is to certify that the patient \_\_\_\_\_ was diagnosed with \_\_\_\_\_, in \_\_\_\_\_, \_\_\_\_\_. The patient has received a medical prognosis of \_\_\_\_\_, as of \_\_\_\_/\_\_\_\_/\_\_\_\_\_ and is therefore eligible for hospice care. The patient understands their prognosis and does not wish to return to hospital. The patient is seeking comfort measures only.

\_\_\_\_\_  
**Beneficiary signature** \_\_\_\_\_  
**Date**

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:

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**Nurse signature**

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**Date**

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**Primary care physician signature**

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**Date**

<b>Care preferences</b>	
<b>Advanced directives</b>	
<b>Pain management preferences</b>	
<b>Spiritual/religious needs</b>	
<b>Communication preferences</b>	
<b>End-of-life care/ resuscitation wishes</b>	
<b>Room preferences &amp; personal belongings</b>	
<b>Other</b>	
<b>Care requirements and ADL assistance</b>	
<b>Medication</b>	
<b>Appetite, dietary requirements and feeding assistance</b>	
<b>Personal hygiene assistance</b>	
<b>Mobility requirements</b>	
<b>Toileting assistance</b>	
<b>Transferring assistance</b>	
<b>Other assistance or equipment</b>	

## Document type

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

- Beneficiary election statement
- Certification of terminal illness (CTI)
- Advanced care directives or living will
- Healthcare power of attorney
- Insurance coverage
- Care plan
- Other (please specify): \_\_\_\_\_