

Hospice Referral Checklist

Patient Name: _____ DOB: _____

Referral From: _____

Phone Number: _____ Fax Number: _____

Number of Pages: _____

Referrals **Must** Include the Following Documentation:

- Demographic Sheet/Face Sheet
- Physician's Orders with Terminal Diagnosis
- History and Physical or the Latest Progress Notes
- Pertinent Labs to Support Terminal Diagnosis (i.e.: X-Rays, Blood Work for Cancer Diagnosis)
- Copy of P.O.L.S.T. if they have one
- Copy of Advance Directive if they have one