

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
(Diagnosis should support life expectancy of 6 mos. or less.)
- History and Physical or the Latest Progress Notes
(last 6 months showing decline, including vital signs, weights and hospitalizations)
- Pertinent Labs to Support Terminal Diagnosis,
Work Up for Cancer Diagnosis (diagnostics reports, to include X Ray, CT, MRI, etc., and any blood work)
- Copy of P.O.L.S.T. if they have one
- Copy of Advance Directive if they have one