



HOME HEALTH
& HOSPICE

Caring Professionals Making a Difference

HOSPICE REFERRAL FORM

Thank you for choosing Tender Care Home Health & Hospice. Please fill in the patient and physician information in the spaces provided below. To ensure efficient processing of the patient's referral, kindly complete the checklist below and send all required documentation in a single batch via email or fax to:

Fax: 915.833.4581 TX • 575.522.5701 NM

E-mail: hospiceintake@tendercarehh.com

PROVIDER ORDER

Tender Care Hospice: Evaluate & Admit Patient for hospice services.

Select one of the following:

- Evaluate and admit to hospice if appropriate. Initial certification indicates that the patient has a terminal illness with a life expectancy of six months or less if the disease should run its normal course.
- Care Options Consultation Only

Physician Signature:

Date:

PATIENT & CAREGIVER INFORMATION

Patient Legal Name:

Room Number:

Date of Birth:

Code Status Check one: FULL CODE DNR (Attach Copy)

Power of Attorney Name:

Power of Attorney Telephone Number:

DOCUMENT CHECKLIST

- Signed Physician Order
- Patient's Face Sheet (*which includes insurance information*)
- The patient's most recent provider/nursing progress notes and past medical history shows a terminal diagnosis
- Patient's current medication list, last labs and/or diagnostics, previous weights, etc.
- Attached Face Sheet
- Code Status Documentation

PATIENT DIAGNOSIS

Primary Terminal Diagnosis:

Declining Symptoms:

GENERAL CRITERIA:

Declining nutrition (10% loss of body weight)
3+ hospitalizations in past 6 months
Noticeable decline in mental status
Multiple comorbidities

Terminal Diagnosis (< 6 months)

Decline in functional status

Falls in past 6 months
Frequent infections/illnesses
Recent significant stroke or coma
Uncontrolled pain or symptoms

Alzheimer's Disease

- Verbal ability less than 6 words/day
- 1+ of the following in the past 12 months:
 - Aspiration pneumonia or repeated infections
 - Multiple pressure ulcers
 - Recurrent falls
 - Inability to maintain fluid/caloric intake

Cancer

- Clinical finding of a widespread, aggressive, progressive disease, PPS 70%
- Metastasis
- Refusal of chemo/radiation
- Refusal / continuing to decline with life-prolonging therapy
- Transfusion requirements
- Pleural effusion

Heart Disease

- CHF w/ NYHA Class III or IV
- Significant fatigue and/or angina at rest
- Shortness of breath at rest, oxygen dependence, and edema
- Treatment resistant, no aggressive interventions wanted
- Syncope, dysrhythmia, or other abnormal monitoring

HIV/AIDS

- CD4+ < 25 cells/ mcl OR
- Viral load >100,000/ml AND one of the following:
 - CNS/systemic lymphoma refractory wasting, encephalopathy, renal failure, systemic lymphoma, Kaposi's sarcoma, toxoplasmosis
- AND PPS < 50%

Liver Disease

- Ascites, edema, and jaundice
- Muscle wasting
- Ongoing Alcoholism
- Functional decline in ADLs or weight loss
- Non-responsive symptoms AND Clinical progression of liver disease and related comorbidities

Neurological Disease

- Dyspnea at rest, needs O2 at rest
- Inability to walk or dress
- Inability to speak
- Difficulty swallowing/food refusal
- Incontinence
- Complications: infections, ulcers, pain
- Incontinence

Pulmonary Disease

- Disabling dyspnea at rest
- Limited functional capacity
- Oxygen dependence
- Recurrent infections
- Steroid dependence
- Noted progression of pulmonary disease (recent ED visits/ hospitalizations for respiratory infection or failure)

Renal Disease

- Patient not seeking dialysis or kidney transplant
- Uremia with confusion, nausea, restlessness
- Very low urine output AND Recurrent UTIs
- Abnormal eGFR levels (<10 cc/min)
- Serum creatinine 8.0 mg/dl
- Dehydration

Stroke/Coma

- PPS 40% AND
- Poor nutritional status, inability to maintain sufficient fluid intake (10% weight loss/ 6 months)
- OR relevant comorbidities and/or rapid decline
- If coma: abnormal brainstem response, absent verbal / withdrawal response to pain
- Complications: ulcers, serum