PATRIOT
HOSPICE

Phone: 234-339-1006 Fax: 234-243-3002

HOSPICE ORDER FORM:

Patient Name:
Facility/Address:

Date of Birth: SS#
Medicare/Insurance Number:

MEDICAL SUMMARY:

Primary Diagnosis: Date of Onset (if known):

Co-Morbidities:

PLEASE ATTACH THE FOLLOWING DOCUMENTATION:

- ☐ Face Sheet
- ☐ Order written as: Patriot Hospice to evaluate and treat for (Diagnosis)
- ☐ Most Current History and Physical
- ☐ Facility POC with Medications
- ☐ Physician/NP Progress Notes
- ☐ Recent Hospitalization
- ☐ Recent Diagnostic Tests (3-6 Months)
- ☐ History of Weights if Available

PERTINENT CLINICAL INFORMATION AND/OR LABORATORY DATA FOR HOSPICE ELIGIBILITY:

Referring MD: Date:

Address: Phone: