

PHYSICIAN'S HOSPICE REFERRAL AND INITIAL ORDER

I am referring _____ DOB _____

for Hospice due to my assessment of the patient and attest that the patient is **terminally** ill with a **diagnosis** of _____ **and** has a life expectancy of six months or less if the terminal illness runs its normal course.

I believe this to be true because of the following clinical findings: **(Narrative required below)**

Physician narrative explanation of the clinical findings to support life expectancy of 6 months or less. _____

Visiting Referral Orders:

____ Consult with patient regarding Hospice services and admit if Hospice appropriate.

Clinical Referral Orders (select all that apply):

____ Continue current medications and/or

____ Other orders (i.e. new medications, lab work, wound care):

Printed Referring Physician's Name

Patient's Referring Physician's Signature

Date

Received verbal/or written order from patient's Physician: _____

Referring Physician: Date: _____ Received by: _____