

Hospice Care Network thanks you for this opportunity to meet with you and your family. In order to assist you and your family better, we have prepared a list of the questions and the documents that will be needed at the time of your admission visit.

Referral Questions:

• Have you ever been on a Hospice Program before? NO YES

Name of Program: _____

• Do you currently have any kind of Home Care / Medicaid Aides? NO YES

Name of Medicaid / HHA Agency: _____

• Are you currently receiving treatment for a Cancer Diagnosis? NO YES

Patient Name: _____ Male Female

Date of Birth: _____ Marital Status: _____ SSN: _____

Address: _____

Primary Phone: _____ Alternate Phone: _____

Religion: _____ Primary Language: _____ Smoker: NO YES

Veteran: Army Airforce Coast Guard Navy Marines

Last Hospitalization:

Facility: _____ Admit Date: _____ Discharge Date: _____

Reason: _____

Attending Physician: _____ Phone: _____

Primary Physician: _____ Phone: _____

Primary Care Giver Name: _____ Relationship: _____

Address: _____

Primary Phone: _____ Alternate Phone: _____

Family / Friends:

Name: _____ Relationship: _____ Primary Phone: _____

Name: _____ Relationship: _____ Primary Phone: _____

Health Insurance:

Policy Number: _____ Policy Holder: _____ DOB: _____

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When meeting with our nurse, please have the following items available:

- All medications- Includes: Prescription medication, over the counter medication, vitamins and supplements.
- Photo ID
- Medicare Card/ Insurance Card
- Health Care Proxy/ Advanced Directives etc.