

Hospice Admission Notes

Name of Hospice:

Patient Information
Name:
Date of Birth:
Contact Information:
Emergency Contact:
Date of Admission:

Medical History
Primary Diagnosis:
Other Relevant Conditions:
Current Medications:
Allergies:
Recent Hospitalizations:

Care Preferences	
Advanced Directives	<input type="checkbox"/>
Pain Management Preferences	<input type="checkbox"/>
Spiritual/Religious Needs	<input type="checkbox"/>
Communication Preferences	<input type="checkbox"/>
End-of-Life Care Wishes	<input type="checkbox"/>

Logistical Needs	
Equipment Requirements	<input type="checkbox"/>
Dietary Restrictions	<input type="checkbox"/>
Personal Belongings	<input type="checkbox"/>
Mobility Assistance	<input type="checkbox"/>
Room Preferences	<input type="checkbox"/>

Admission Agreements	
Consent Forms	<input type="checkbox"/>
Financial and Insurance Information	<input type="checkbox"/>
Privacy Acknowledgment	<input type="checkbox"/>
Admission Paperwork	<input type="checkbox"/>
Care Plan Agreement	<input type="checkbox"/>

Initial Care Plan	
Assessment by Hospice Team	<input type="checkbox"/>
Care Goals	<input type="checkbox"/>
Schedule of Visits	<input type="checkbox"/>

Additional Services	<input type="checkbox"/>
Family Support Plan	<input type="checkbox"/>

Notes and Referrals

Doctor's Signature
Name:
Date: