



## Hospice Physician Order

Phone: (833) 483-2273 Fax: (248) 479-8126

Patient Name: \_\_\_\_\_

DOB: \_\_\_\_\_

- Eval and admit to Hospice if appropriate
- Probable Terminal dx: \_\_\_\_\_
- I will continue to follow patient throughout their hospice care, including all orders, medication management, continue symptom management and signing of death certificate**
- I would like the Hospice Physician to follow patient throughout their hospice care

Physician signature: \_\_\_\_\_

Print Physician name: \_\_\_\_\_

### Triage of admissions

- Actively passing
- Respiratory distress/uncontrolled pain/other uncontrolled symptoms
- Discharging from hospital without distress
- Advanced disease process

### Communication:

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