Referral to Saint Lazarus Hospice

• please print legibly, according to the patient's current clinical status

Patient Last Name | Date of Birth

Patient First Name | Telephone

Address

Family Member for Contact | Relation

Address | Telephone

I agree to the Terms of Care:

Date and Patient's Signature (or Legal Guardian if Patient Unable)

Last Name of Requesting Physician | First Name

Address | Telephone

Fax | E-mail | Signature

Diagnosis most-limiting Patient's Prognosis | **Number of hospitlizations for this reason in the last 6 months**

In the instance of Cancer – Location(s) of confirmed metastases? Locations of suspected metastases?

Patient Qualified for Oncological Therapy ☐ Oncological Therapy not possible; Symptom Management Recommended ☐

Remaining Significant Diagnoses

Course of Illness in the last few months

Current symptoms in spite of therapy

Intensity of Pain (Moderate or Greater) ☐	Cachexia ☐	Dyspnea at Rest ☐
Exacerbated Vomiting ☐	Urinary Incontinence ☐	Signs of marked Dehydration ☐
Acute Delirium ☐	Fecal Incontinence ☐	Dysphagia/Swallowing Difficulty ☐
	Advanced Edema ☐	Advanced Dementia ☐

Deterioration of Clinical Status: within days ☐ weeks ☐ months ☐ years ☐

Is the current deterioration a result of reversible causes? Yes ☐ No ☐ Comments

Degree of Ability according to Palliative Performance Scale: (please circle)

80% average activities with effort	50% partially dependent sitting-bed bound	30% completely dependent, decreased feeding
60% occasional assistance with helping self	40% mostly dependent, bed-bound	20% able to drink minimal amounts of fluids
		10% moistening of lips only

In those without an oncological diagnosis, please provide current biochemical lab values and assess the state of decubitus ulcers:

Leukocytes | Creatinine | Serum Albumin | Number of Ulcers | No of infected

Hemoglobin | Serum Urea | Prothrombin Time | Stage of most advanced Decubitus Ulcer (I-IV)

Current Therapy (International/Generic Names, doses)

Does the Patient possess any insurance which may assist in funding care at Saint Lazarus Hospice? Yes ☐ No ☐