Mt. Hood Hospice

PO Box 1269 | 39641 Scenic Street | Sandy, Oregon 97055 | Phone: 503-668-5545 | Fax: 503-668-7951

Provider Referral for Mt Hood Hospice evaluation/admission

☐ Evaluate for hospice appropriateness ☐ Admit to Mt Hood Hospice

From: _____ Date: _____
Physician's Name – Please Print

Re: _____
Patient's Name *Patient's Date of Birth*

Diagnosis: _____

Family Contact: _____
Name *Relationship* *Phone*

Why Mt Hood Hospice now? _____

_____

This patient is showing evidence of decline as indicated by (mark all the apply):

☐ Weight loss ☐ Recurrent Infections

☐ Coughing/Choking ☐ Problems Ambulating

☐ Increased Falls ☐ Symptomatic dispite optimal medical therapy

☐ Increased Confusion/Agitation ☐ Other _____

_____ _____
Physician Signature *Date*

Please FAX the following to Mt Hood Hospice @ 503-668-7951:

☐ Face Sheet
☐ Problem List
☐ Medication List
☐ Copy of last TWO Clinical Notes
☐ Copy of POLST