

Important Patient Information:

For the person with rights to patient's medical care information.

Name of organization providing care: _____

My loved one is receiving care at: Residence Nursing Home Assisted Living Facility Hospital
Hospice Inpatient Unit Hospice Residential Facility

Name of facility (if applicable): _____

Address: _____

Phone #: _____

Name of person legally designated to make health care decisions: _____

Power of Attorney: _____

Health Care Surrogate: _____

Financial: _____

Has your loved one completed an Advance Directive? Yes No In progress

If so, who has a copy? _____

Have your loved one's end of life wishes been communicated to the rest of the family? Yes No

Making a loved one's end of life wishes known to key family in friends helps minimize stress and confusion in the final days. If you are having a difficulty sharing this information, work with the hospice to find the best possible solution. Talk with the hospice if you would like help with end of life planning.

Name of Primary Care Physician: _____

Practice Name: _____

Practice Phone Number: _____

Names of the Hospice Interdisciplinary Team members:

Physician: _____

Nurse: _____ Other: _____

Chaplain: _____

Social Worker: _____

Volunteer: _____

Who is the hospice contact to provide you with updated information about your loved one's care?

What is the best way to reach them? _____

What time/day is the best time to speak to them? _____

How often can you expect updates about your loved one's condition? _____

Is it possible to set a specific day/time to do so? _____

Other important information: _____

****Use the Care Log to input current health information about your loved one.****

Is there someone in the community you trust to visit and check in on your loved one? If so, list their name and phone number.

List any community-based services your loved one is receiving beyond what the hospice is providing.

Being Prepared:

Have the following decisions been made? If so, who is handling them?

Funeral arrangements: _____

Financial responsibilities: _____

Legal matters: _____

Has a phone tree been set up to notify family and friends when your loved one has passed? Yes No

Hospice providers offer grief and bereavement counseling to family members for up to one year following the loss of a loved one. Have you considered attending such counseling? Yes No