*12670 NW Barnes Rd #100 · Portland, Oregon · 97229*

Thank you for referring your patients to Care Partners. Upon receipt of this completed form, a hospice nurse will:

* Contact the patient and family to schedule a visit as soon as possible
* Send you an admission order set to review and sign

In addition to completing this form, please fax the following to us:

* A demographic face sheet
* A recent H&P or progress note
* Pertinent lab results and other documentation supporting the terminal diagnosis.

**Patient Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date of Birth: \_\_\_\_\_\_\_\_\_\_\_ Patient Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Medicare/Insurance #:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ SSN #: \_\_\_\_\_\_\_-\_\_\_\_\_\_\_-\_\_\_\_\_\_\_ Sex: \_\_\_\_\_\_**

**Primary Contact (if not patient): Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

***Who should we contact for scheduling? □ Patient □ Primary Contact***

***Physician Certification of Terminal Illness***

***PHYSICIAN ORDER -* Admit under ICD10 Code: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ with diagnosis of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

***“I certify that this patient’s prognosis is for life expectancy of 6 months or less if the illness runs its normal course.”***

**Other diagnoses: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Should we designate the Hospice Medical Director to follow your patient as the Attending Physician?**

 **□ YES □ NO**

**If yes, please provide:**

**Date of onset of primary hospice diagnosis: \_\_\_\_\_ /\_\_\_\_\_ /\_\_\_\_\_\_\_\_\_\_ Patient History of Smoking: □ YES □ NO**

Physician Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: **\_\_\_\_\_ /\_\_\_\_\_/\_\_\_\_\_\_\_\_\_\_**

 **Physician Name (Please Print) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

***FAX:***

To: ADMISSIONS Fax: 503-648-1282

From: Facility/Office:

Date: Pages:

**CONFIDENTIALITY NOTICE:**

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