



REFERRAL FORM

Fax: 910-796-7903

Referring to: Hospice Palliative Care Bridge

Patient Information

Name _____

DOB _____ M F

Address _____

City _____ State _____ Zip _____

Phone _____

Insurance carrier/ID# _____

Primary Caregiver

Name _____

Relationship _____

Phone _____

Referring Physician

Name _____

Office contact/faxed by _____

Phone _____

- Patient and family are aware of this referral
 Referring physician will attend hospice patient

Primary Care Provider

Associated Specialists

Please fax this sheet and supportive documentation of serious illness to include last three visit notes, hospital narrative summaries, consultant notes, labs and diagnostic studies, and face sheet.

Decline in Status Guidelines

Clinical variables listed below are predictive of life expectancy of six months or less for patients whose decline is not reversible, regardless of diagnosis. They are listed in order of likelihood to predict poor survival, the most predictive first and least predictive last. **Please check all that apply.**

Clinical Status:

- Increasing hospitalizations, ER or physician visits
 Recurrent serious infections (pneumonia or sepsis)
 Progressive weight loss
 Dysphagia leading to recurrent aspiration

Poorly Controlled Symptoms:

- Dyspnea, increased respiratory rate, cough
 Nausea, vomiting, diarrhea
 Pain requiring increasing doses of analgesics

Signs:

- SBP < 90 or progressive postural hypotension
 Ascites, edema, effusions
 Changed level of consciousness
 Progressive stage 3-4 pressure ulcers
 Albumin \leq 2.5

Dependence in two or more ADLs:

- Feeding Transfers
 Ambulation Dressing
 Continence Bathing

High Overall Burden of Illness:

- Chronic Ischemic Heart Disease
 Chronic Obstructive Pulmonary Disease
 Congestive Heart Failure
 Neurologic Disease (CVA, ALS, MS, Parkinson's)
 Refractory Severe Autoimmune Disease
 Renal Failure Dementia
 Diabetes Mellitus HIV/AIDS
 Liver Disease Neoplasm

Notes:

Thank you for referring to Lower Cape Fear Hospice.
Referral questions? Call 1-800-207-6908.