**HOSPICE**

**ACTION ITEMS**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Done  (X) | Item | Required  Action | Status | Comments |
|  |  |  |  |  |
|  | Is hospice covered by medical plan? |  |  |  |
|  | Discuss option with loved one |  |  |  |
|  | Determine if there is any spiritual conflict in having an assigned chaplain. |  |  |  |
|  | Set up a meeting with hospice personnel |  |  |  |
|  | Enroll in the program |  |  |  |
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