

Favor Hospice Care, LLC.

Hospice Order Form

Fax(470) 201-1220

Phone (470) 330-9864

We thank you for referring to Favor Hospice Care, LLC. By sending this form and the supporting documentation you are assisting us in providing a more caring, efficient and timely response for your referral. Our goal is to be at your patient's home to admit them to service within 4 hours of receipt.

Patient Information	Patient Name _____ Sex <input type="checkbox"/> M <input type="checkbox"/> F _____ D.O.B. _____ Patient's Phone _____
	Please fax a copy of demographic, medication and H&P sheet with orders. If data not available, please complete demographic information below.
	Address _____ City _____ State _____ Zip _____ Social Security Number _____ - _____ - _____
	Medicare # _____ Private Ins. _____ Grp# _____
	Referring MD _____ Following MD _____
	MD Phone _____ MD Phone _____
Orders	Emergency Contact: _____ Contact Phone: _____
	Terminal Diagnosis: _____ Is patient able to sign their consents? <input type="checkbox"/> Yes <input type="checkbox"/> No
	Resuscitation Order : <input type="checkbox"/> Code <input type="checkbox"/> No Code Date: _____ POLST? <input type="checkbox"/> Yes <input type="checkbox"/> No Date: _____
Hospice admission orders: <input type="checkbox"/> EVALUATE AND ADMIT TO HOSPICE <input type="checkbox"/> I certify that the patient's prognosis is six months or less if the disease runs its normal course.	
Physician Information	Print Name of Ordering MD _____ Phone# _____ _____ Fax# _____
	_____ MD Signature _____ Date _____