Center for Hospice Care

choices to make the most of life

p 800.467.7423
f 574.243.3705

Referral for Hospice Care

Patient _____

Spouse or Caregiver _____

Patient Phone _____ Primary Diagnosis _____

☐ Contact my office before calling patient ☐ It's OK to contact the patient now

Should this patient choose hospice care, we promise to:

- Update your office regularly on the patient's condition
- Provide copies of all orders, information and medication changes for the patient's chart

Additional instructions (optional):

_____

_____

_____

_____

_____

Physician's name _____

Physician's signature _____
(Physician's signature indicates approval for start of care.)

Person making referral _____

Phone number _____

Please fax this page to 574.243.3705

Please attach patient demographics and recent medical records, if possible.

Thank you for choosing Center for Hospice Care.

CenterForHospice.org 800.HOSPICE (467.7423)