



PO Box 1269, Sandy OR 97055 | (503) 668-5545 phone / (503) 668-7951 FAX  
MtHoodHospice.org

## Provider Referral for Mt. Hood Hospice

\_\_\_ Evaluate for hospice appropriateness      \_\_\_ Admit to Mt. Hood Hospice

From: \_\_\_\_\_ Date: \_\_\_\_\_

Re: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
(Patient's Name)

Family Contact: \_\_\_\_\_  
Name Relationship Phone #

Diagnosis: \_\_\_\_\_

Why Mt. Hood Hospice Now: \_\_\_\_\_

### Evidence of Decline:

___ Weight loss	___ Recurrent Infections
___ Coughing/Choking	___ Problems Ambulating
___ Increased Falls	___ Symptomatic despite medical therapy
___ Increased Confusion/Agitation	___ Other _____

\_\_\_\_\_  
Physician's Signature

\_\_\_\_\_  
Date

**Please FAX the following to Mt. Hood Hospice (503) 668-7951.**

1. Face Sheet
2. History and Physical

Thank you.