

True Hearts and Hands Hospice

(903) 422-8100 Central
(817) 435-9390 Southwest
(903) 494-5577 FAX

**PATIENT ADMISSION
INFORMATION**

PATIENT INFORMATION

Patient Name: (First) _____ (Middle) _____ (Last) _____

DOB: ____/____/____ **SS#:** ____/____/____ **Gender:** M ____ F ____ **Smoker:** Y ____ N ____

Phone: (Home) _____ (Mobile) _____

Address: (Street) _____ (City) _____ (Zip Code) _____

Marital Status: _____ **Religion:** _____ **Veteran Status:** _____

Funeral Home: _____ **Phone Number:** _____

PERSONS TO CONTACT

Primary/Emergency Contact's Name: _____ **Relationship:** _____

Phone Numbers: (Home) _____ (Mobile) _____ (Work) _____

Include in Bereavement: Yes _____ No _____

Secondary Contact's Name: _____ **Relationship:** _____

Phone Numbers: (Home) _____ (Mobile) _____ (Work) _____

Include in Bereavement: Yes _____ No _____

Third Contact's Name: _____ **Relationship:** _____

Phone Numbers: (Home) _____ (Mobile) _____ (Work) _____

Include in Bereavement: Yes _____ No _____

DIAGNOSIS

Patient Diagnosis: (Primary) _____ (Co-Morbidities) _____

Is Patient aware of diagnosis: Yes _____ No _____ **Is Family are of diagnosis:** Yes _____ No _____

Allergies: _____

Physician: _____ **Phone:** _____ **Fax:** _____

Physician to remain as attending: Yes _____ No _____ **If no, does physician want updates:** Yes _____ No _____

History and Physical/Recent Office Visit Notes Attached: Yes _____ No _____

ADMISSION POLICY

Hospice will admit you only if it is able to provide care appropriate to your needs. If the Hospice is unable to meet your needs, it will assist you/your significant other in locating resources of your choice who can provide the needed services.

EMERGENCY

If your condition changes significantly or for medical emergencies such as chest pain, difficulty in breathing, bleeding, or falls, please call the Hospice immediately. Hospice has a nurse on call 24 hours/day, 7 days/week. The nurse may make a visit to your home, or instruct you to go to the hospital, depending on your needs. The nurse will call 911 for you if you are needing transport to the hospital.

NATURAL DISASTER

In case of emergency, the Agency's responsibilities to you are based on your triage status, but would include:

Call/Virtual Visit _____ **Visit** _____ **Call EMS** _____ **Other:** _____

In the event of a natural disaster (e.g. flood, tornado, ice storm, earthquake, nuclear disaster, industrial accidents), the Hospice will prioritize visits according to the following:

1. **Life-threatening (or potentially life-threatening)** and requires ongoing medical treatment/care. When necessary, appropriate arrangements for evacuation to an acute care facility or specialized shelter will be made. Any equipment dependent upon electricity should be listed with the power company. Oxygen dependent patients should request a back-up tank from hospice or the supplier. Contact hospice and proceed to hospital (with supplies) if not able to manage your care.
2. **Not life threatening** but you would suffer severe adverse effects from interruption of services (i.e., daily insulin, IV medications, sterile wound care with a large amount of drainage, symptoms controlled with difficulty, death appears imminent). When necessary, appropriate arrangements for evacuation to an acute care facility or specialized shelter will be made. Contact hospice and proceed to the hospital (with supplies) if not able to handle your care.
3. **Visits could be postponed 24-48 hours without adverse effects** (i.e., sterile wound care with a minimal amount to no drainage, symptoms need intervention, but are fairly well controlled). Transportation available from family or friends.
4. **Visits could be postponed 72-96 hours without adverse effects** (i.e., symptoms well-controlled, patient in a nursing home). Transportation available from family or friends.

If you will need assistance during an emergency or disaster, you may register ahead of time with the local and/or state authorities, United Way-211, and/or (Access to Disaster Help and Resources www.disasterassistance.gov), This will provide you with information on local shelter and transportation.

Physician Signature

Date/Time

Hospice Representative Signature

Date/Time