

Referral Tool

The Denver Hospice and Optio Palliative Care



Please review the following tool to assist you in determining your patient's current palliative needs. If you check four or greater boxes your patient qualifies for our palliative care at home program. If you check seven or greater boxes your patient qualifies for hospice. If you check between four and seven boxes, please call our admission team and we will complete an assessment visit and admit your patient to the program that best fits their needs.

- Has your patient been hospitalized two or more times in the last six months related to the same diagnosis?
- Has your patient had a recent hospital stay that was longer than five days or required admission to the Intensive Care Unit?
- Has your patient had two or more serious infections in the last six months?
- Has your patient had two or more recent falls that caused a fracture or serious injury?
- Has your patient had greater than 10 percent weight loss over the last six months or a current Albumin level less than 2.5?
- Is your patient receiving maximum treatment with now worsening symptoms?
- Is your patient refusing or no longer a candidate for aggressive treatments?
- Does your patient have increased needs for community resources related to their disease or recent functional decline?
- Does your patient need help with end of life advance care planning or a detailed goals of care conversation?
- Do you suspect this patient's life expectancy to be less than two years within the normal course of their disease?

Referral

Patient Name: _____ DOB: _____

Diagnosis: _____

Hospice Eval and Treat

Palliative Eval and Treat

Hospice/Palliative Eval and Treat

Physician/Nurse Practitioner (print) _____

Signature _____ Phone _____

Fax to 303-321-8686

Upon receipt an admissions coordinator will call you.



OPTIO
HEALTH SERVICES

THE DENVER HOSPICE
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