



# Hospice Initial Evaluation Order

Please FAX to 214-828-9011

Phone 214-828-9991

Serving North & East Texas

\_\_\_\_\_  
Patient Name

\_\_\_\_\_  
D.O.B.

\_\_\_\_\_  
Medicare Number  
(Please attach copy of card for other insurances)

\_\_\_\_\_  
Patient Contact Name and Phone

## Terminal Diagnosis:

\_\_\_\_\_  
 Hospice skilled nurse to evaluate & treat for hospice needs

Additional Orders:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
Physician Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Physician Printed Name

\*Please include H&P for patient  
including diagnosis & med list

*We Treat Our Patients Like Family*