



DIAGNOSIS: HEART DISEASE

MEDICARE EVALUATION TOOL | MEDICARE GUIDELINES

The patient listed or the patient's loved ones have expressed interest in Yolo Hospice's services. Please return this form **by fax ONLY** to: **530-758-9017**

From: _____ Phone: _____

Patient Name: _____ Date: _____

PATIENT INFORMATION

Medicare requires documentation of need for hospice through prognostic data. **Please supply that below:**

DOCUMENTATION OPTION

- The patient has been treated for heart disease or vasodilators OR
- The patient has a medical reason for refusing these drug e.g. hypertension, renal disease

AND

The patient is not a candidate, by medical criteria or personal choice for cardiac surgery

AND

- Meets NYHA IV criteria
- Is unable to carry on any physical activity without discomfort or shortness of breath.
- Has symptoms of heart failure or angina at rest
- Any physical activity increases discomfort
- Ejection fraction <20%

SUPPORTING DATA

- Treatment-resistant symptomatic supraventricular or ventricular arrhythmias
- History of cardiac arrest or resuscitation
- History of unexplained syncope
- Brain embolism of cardiac origin
- Concomitant HIV disease

Please respond YES or NO to the questions in this section:

	YES	NO
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- | | | |
|---|--------------------------|--------------------------|
| 1. I support hospice care for this patient. | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. I will be patient's attending physician. | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. I have discussed hospice with patient/loved ones. | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. I have discussed terminal diagnosis with patient/loved ones. | <input type="checkbox"/> | <input type="checkbox"/> |
| 5. I will sign death certificate when it becomes necessary. | <input type="checkbox"/> | <input type="checkbox"/> |

Based on the information indicated above, the above named patient has a medical prognosis that life expectancy is six (6) months or less, if the terminal illness runs its normal course

Physician Signature

Date