



DIAGNOSIS: DEMENTIA

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 1.

Please confirm terminal dx: _____

- Decline in functional status as evidenced by:
- Inability to ambulate without assistance
- Inability to dress without assistance
- Inability to bathe without assistance
- Urinary & fecal incontinence, intermittent or constant
- No consistently meaningful verbal communication: stereotypical phrases only or the ability to speak is limited to 6 or fewer intelligible words
- FAST score _____

AND

ONE OF THE FOLLOWING COMORBID CONDITIONS OF A SEVERITY TO WARRANT MEDICAL TREATMENT WITHIN THE LAST YEAR

- Aspiration pneumonia
- Pyelonephritis or other UTI
- Decubitus ulcers
- Fever, recurrent after antibiotics
- Unintentional weight loss = or > 10% or serum albumin < 2.5 gm/dl.

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

YES NO

- | | | |
|---|--------------------------|--------------------------|
| 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