

THE FOLLOWING INFORMATION WAS REPORTED TO THE IDT, AND WAS CONSIDERED WHEN DEVELOPING THE PLAN OF CARE.

Patient Name: _____

MR#: _____

NARRATIVE:

Write three paragraphs: #1 history of current illness, #2 How patient appears today, #3 Pt/PCG reaction to hospice program

THE FOLLOWING PERSONS PARTICIPATED IN THE PRE-IDT MEETING AND DEVELOPMENT OF THE PLAN OF CARE:				
MEDICAL DIRECTOR / DATE:		MEDICATIONS REVIEWED		
SIGNATURE:		TREATMENTS REVIEWED		
PRIMARY CARE PHYSICIAN/ DATE:	ADDITIONAL TREATMENT ORDERS			
SIGNATURE:				
PSYCHOSOCIAL COUNSELOR / DATE:	SUGGESTED FREQUENCY OF VISITS FOR:			
	PT	PCG	FAMILY	OTHER
SIGNATURE:				
SPIRITUAL COUNSELOR / DATE:	SUGGESTED FREQUENCY OF VISITS FOR:			
	PT	PCG	FAMILY	OTHER
SIGNATURE:				
RN / DATE:	SUGGESTED FREQUENCY FOR VISITS:			
SIGNATURE:	Special Needs			
CHHA / DATE:	SUGGESTED FREQUENCY FOR VISITS:			
SIGNATURE:	TO ASSIST WITH:			
OTHER / DATE:				
SIGNATURE:	Special Needs:			

Staff Signature/Title: _____

Date: _____