

Patient Care Assignment Form

Referral Information

Assignment Date: _____ Assigned By: _____ Phone: _____

Referred By: _____ Care Team: _____ Phone: _____ ☐ North ☐ South ☐ Specialty

Patient Information

Patient Name: _____ Medical Record#: _____ D.O.B. _____

Address: _____ Phone: _____

Primary Hospice Diagnosis: _____

Prognosis: ☐ Days ☐ Weeks ☐ Months Code Status: ☐ DNR ☐ Full Code ☐ POLST in Home

Occupation/Interests/Background: _____

_____ Spiritual/Religious Preference: _____

Primary Caregiver: _____ Relationship: _____ Phone: _____

Primary Caregiver: _____ Relationship: _____ Phone: _____

Contact for Scheduling: ☐ Patient ☐ Caregiver ☐ Other: _____ ☐ Contact Care Team Member _____ before Pt/CG

Communication:

- ☐ Speech: _____
- ☐ Non-English: _____
- ☐ Hearing: _____
- ☐ Vision: _____
- ☐ Memory/Cognition/Other: _____

Home Environment:

- ☐ Smoking By: _____
 - ☐ Indoor ☐ Outdoor
 - ☐ Light ☐ Heavy
- ☐ Pets: _____
- ☐ Other: _____

Special Precautions:

- ☐ Oxygen in use
- ☐ Alcohol ☐ Drugs
- ☐ Diet _____
- ☐ Swallowing
- ☐ Other: _____

Psychosocial Issues:

- ☐ Alert/Oriented ☐ Anxious
- ☐ Drowsy ☐ Denial
- ☐ Depressed ☐ Angry
- ☐ Isolation ☐ Judgment
- ☐ Other: _____

Current Mobility:

- Volunteer will need to assist with:
- ☐ Transfers ☐ Walker/Cane
 - ☐ Standby Assist ☐ None (Ambulatory)
 - ☐ Wheelchair ☐ None (Bed bound)
 - ☐ Other: _____

Toileting:

- Volunteer will need to assist with:
- ☐ Toilet ☐ Commode/Bedpan
 - ☐ Depends ☐ None (Independent)
 - ☐ Ht _____ ☐ Wt _____ lbs

Volunteer Services Requested

- ☐ Respite
- ☐ Emotional Support
- ☐ Companionship Pt
- ☐ Companionship CG
- ☐ Light Household Tasks
- ☐ Light Meal Preparation
- ☐ Errands/Shopping
- ☐ Transportation/Outing
- ☐ Other Needs: _____

Volunteer Requested By: ☐ Patient ☐ Caregiver

Visits: ☐ Ongoing ☐ 1 x only: _____

If transportation for MD apt., location: _____

Prioritize Visits: 1-3: Wkends ____ Eves ____ Wkdays ____ ☐ a.m. ☐ p.m.
Accept Anytime? ☐ Yes ☐ No
Specific Time Needed? _____

Gender Preference? ☐ M ☐ F Accept Either? ☐ Yes ☐ No

Caregiver Limitations/Issues: _____