



**Our Lady
of Peace**

**OUR LADY OF PEACE
2076 ST. ANTHONY AVE., ST. Paul, MN 55104
TELEPHONE 651-789-5031 FAX 651-646-7884**

Our Lady of Peace Home is a Medicare certified residential hospice for terminally ill patients who lack the financial resources for care. All curative treatments must be completed prior to admission. The Home is supported by the donations of a generous public.

This facility does not discriminate because of race, color, creed, religion, age, gender, sexual orientation, disability (mental or physical), communicable disease, place of national origin, marital status, familial status, membership or activity in local rights commissions, or status with regard to public assistance as required by state and federal law.

NAME _____ DATE _____
First Middle Last (Maiden)

ADDRESS _____
Street City County State Zip

BIRTHDATE _____ AGE _____ RACE _____ RELIGION _____

BIRTHPLACE _____ PHONE # _____
City State

MEDICARE/INSURANCE NUMBER _____ MEDICAID NUMBER _____

MARITAL STATUS _____ NAME OF SPOUSE _____

OCCUPATION _____ SOCIAL SECURITY# _____ / _____ / _____

TERMINAL DIAGNOSIS _____

PRIMARY SITE (IF CANCER) _____ DATE OF ONSET _____

PROGNOSIS IN DAYS/WEEKS _____

BRIEF HISTORY _____

CO-MORBIDITIES/SECONDARY DIAGNOSES _____

HISTORY OF MENTAL ILLNESS _____

CONTAGIOUS OR COMMUNICABLE DISEASE _____

ALLERGIES _____

PATIENT'S CURRENT LOCATION _____

ACTIVITY LEVEL: COMPLETE BED PATIENT _____ AMBULATORY _____ CHAIR _____

DIET: REGULAR _____ SPECIAL _____ TUBE FEEDING/TYPE _____

ELIMINATION: CONTINENT _____ INCONTINENT _____ FOLEY CATHETER _____ COLOSTOMY _____

PATIENT'S APPROXIMATE WEIGHT _____ HEIGHT _____

LEVEL OF CONSCIOUSNESS: ALERT _____ LETHARGIC _____ UNRESPONSIVE _____

COMMUNICATION: ABLE TO SPEAK _____ SPEAKS ENGLISH _____ OTHER _____ NEEDS INTERPRETER _____

CURRENT MOOD/BEHAVIOR: DEPRESSED _____ CONFUSED _____ NOISY _____ QUIET _____

DELIRIOUS _____ SUSPICIOUS _____ BELLIGERENT _____ ALCOHOLIC/CHEMICALLY DEPENDENT _____

HISTORY OF VIOLENT BEHAVIOR _____

OTHER COMMENTS _____

SUPPLIES/EQUIPMENT: OXYGEN _____ SUCTION MACHINE _____ PLEUREX DRAIN _____

SPECIAL MATTRESS _____ TRACH TUBE _____ OTHER _____

CODE STATUS/POLST/ADVANCED DIRECTIVE _____

NAME OF HOSPICE IF APPLICABLE _____ START DATE _____

PHYSICIAN _____ SIGNATURE _____

PRIMARY DOCTOR/ONCOLOGIST _____

ADDRESS _____ PHONE NUMBER _____

RESPONSIBLE PARTY _____ RELATIONSHIP _____

ADDRESS _____ CELL OR PRIMARY PHONE _____

EMAIL _____

SECOND PERSON _____ RELATIONSHIP _____

ADDRESS _____ CELL OR PRIMARY PHONE _____

EMAIL _____

SOCIAL WORKER _____ PHONE _____

EMAIL _____

DOCUMENTATION REQUIREMENTS: DO NOT RESUSCITATE (DNR)/DO NOT INTUBATE (DNI)/ALLOW NATURAL DEATH, APPLICATION SIGNED BY PHYSICIAN OR NURSE PRACTITIONER. MOST RECENT MEDICATION LIST, RECENT HISTORY AND PHYSICAL OR PROGRESS NOTE WITH PAST MEDICAL HISTORY, COMORBIDITIES AND EVIDENCE OF TERMINAL DISEASE STATE SUCH AS RECENT CT/MRI/PET SCANS, COPY OF ADVANCE DIRECTIVE IF PRESENT.

ADMISSION CONTACT INFORMATION: Mary Tillman maryt@ourladyofpeacemn.org 651-789-5023