OUR LADY OF PEACE RESIDENTIAL HOSPICE

2076 St. Anthony Avenue., St. Paul, MN 55104
Main Phone 651-789-5031 / Fax 651-646-7884
www.ourladyofpeacemn.org

To: Our Lady of Peace Admission – Fax: 651-646-7884

From - Name/Company: _____

From - Phone Contact: _____

Date / Time: _____

NECESSARY DOCUMENTATION TO REVIEW FOR ADMISSION

- ❑ ***Completed application (below) with approval to admit and name of physician or nurse practitioner***
- ❑ ***FACE Sheet including payer information***
- ❑ ***History & Physical from a hospital or clinic***
- ❑ ***Prognosis / PPS %***
- ❑ ***Nurse/Progress notes listing comorbidities and evidence of terminal disease***
- ❑ ***Palliative care notes (if appliable)***
- ❑ ***DNR/DNI/POLST - To allow for natural death***
- ❑ ***Most recent medication list (MAR)***
  - ❑ ***Include Opioid totals in last 24 hours (if applicable)***
- ❑ ***Information including:***
  - ❑ ***Reports from CT/MRI/PET***
  - ❑ ***Functional Status***
- ❑ ***Copy of Advance Healthcare Directive – or Health Care Power of Attorney***

If you have any questions, please contact:

Patrice Engelmann @ patricee@ourladyofpeacemn.org
651-789-5023 – phone
651-646-7884 - fax

Our Lady of Peace Home is a licensed nursing facility for terminally ill patients. All curative treatments must be completed prior to admission. OLP Residential Hospice is Medicare Certified & is also supported by the donations of a generous public. This facility does not discriminate because of race, color, creed, religion, sex, age, physical or mental disability, national origin, marital status or sexual orientation.

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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 _____ PPS % _____

BRIEF HISTORY _____

_____

CO-MORBIDITIES/SECONDARY DIAGNOSES _____

CONTAGIOUS OR COMMUNICABLE DISEASE _____

ALLERGIES _____

PATIENT'S CURRENT LOCATION _____

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

ACTIVITY LEVEL: COMPLETE BED PATIENT _____ AMBULATORY_____ CHAIR _____

SMOKER STATUS: CURRENT _____ FORMER _____ NON-SMOKER _____

HISTORY OF MENTAL ILLNESS _____

HISTORY OF VIOLENT BEHAVIOR _____

DELIRIOUS _____ **SUSPICIOUS** _____ **BELLIGERENT** _____ **ALCOHOLIC/CHEMICALLY DEPENDENT** _____

DIET: REGULAR _____ **SPECIAL** _____ **TUBE FEEDING/TYPE** _____

ELIMINATION: CONTINENT _____ **INCONTINENT** _____ **FOLEY CATHETER** _____ **COLOSTOMY**_____

UROSTOMY _____ **OTHER** _____ **PATIENT'S WEIGHT** _____ **HEIGHT** _____

LEVEL OF CONSCIOUSNESS: ALERT _____ **LETHARGIC** _____ **UNRESPONSIVE** _____

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

OTHER COMMENTS _____

SUPPLIES/EQUIPMENT: OXYGEN _____ **SUCTION MACHINE** _____ **PLEURX DRAIN** _____

SPECIAL MATTRESS _____ **TRACH TUBE** _____ **CPAP**_____ **OTHER** _____

CODE STATUS/POLST/ADVANCED DIRECTIVE _____

NAME OF HOSPICE IF APPLICABLE _____ **START DATE** _____

_____**OKAY TO ADMIT TO OUR LADY OF PEACE HOSPICE**

PHYSICIAN/NURSE PRACTITIONER _____

PRIMARY DOCTOR/ONCOLOGIST _____

ADDRESS _____ **PHONE NUMBER** _____

RESPONSIBLE PARTY/HEALTHCARE AGENT _____ **RELATIONSHIP** _____

ADDRESS _____**CELL OR PRIMARY PHONE** _____

SECOND PERSON _____ **RELATIONSHIP** _____

ADDRESS _____ **CELL OR PRIMARY PHONE** _____

SOCIAL WORKER _____ **PHONE** _____

EMAIL _____

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

ADMISSION CONTACT INFORMATION: Patrice Engelmann at patricee@ourladyofpeacemn.org 651-789-5023