

[Your Full Name, RN/Title]

[Your Facility/Organization Name]

[Your Phone Number]

[Your Email Address]

[Date]

[Receiving Hospice Organization Name]

[Attn: Admissions/Intake Coordinator]

[Organization Address]

RE: Hospice Referral for [Patient Full Name]

DOB: [Patient Date of Birth]

To the Admissions Team,

I am writing to formally refer [Patient Name] for a hospice evaluation and admission. The patient has been diagnosed with [Primary Terminal Diagnosis] and currently presents with a prognosis of six months or less, should the illness run its normal course.

The patient is currently experiencing [List key symptoms: e.g., uncontrolled pain, increased dyspnea, decline in ADLs, etc.]. After discussions regarding goals of care, the patient and their family have expressed a desire to transition from curative treatment to comfort-focused palliative care.

Clinical Summary:

- **Current Location:** [Home Address/Hospital Room/SNF]
- **Primary Care Physician:** [Doctor Name and Phone]
- **Relevant Comorbidities:** [List relevant medical history]
- **Social Support:** [Primary Caregiver Name and Contact Info]

Attached to this referral, please find the following documentation: [History & Physical, Current Medication List, Advanced Directives, Insurance Information].

Please contact me at [Your Phone Number] to coordinate the intake assessment or if additional clinical documentation is required.

Thank you for your assistance in providing compassionate end-of-life care for this patient.

Sincerely,

[Signature]

[Your Printed Name and Credentials]