

<input type="checkbox"/> Initial Request	<input type="checkbox"/> Continuing Request
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HOSPICE GENERAL INPATIENT INFORMATION SHEET

This document summarizes the reasons for the transfer of a Medi-Cal hospice patient to a general inpatient level of care. It must be submitted to the Medi-Cal Field Office along with the Treatment Authorization Request (TAR) when transferring a patient to a general inpatient level is proposed or for continuation of services.

Patient Name: _____ Medi-Cal #: _____
 Facility Name and Type: _____
 Date Hospice Elected: _____ Primary Diagnosis: _____

Brief clinical summary to include specific symptoms or alterations in patient condition making general inpatient level of care medically necessary (both for initial authorization and symptomology for continuation of services reauthorization): _____

Goals to be achieved with general inpatient level of care (or update which demonstrates need for continuing days): _____

Expected length of stay at general inpatient level of care necessary to achieve above stated goals: _____

Summary of professional interventions by appropriate disciplines, needed to stabilize, alleviate or reduce the progression of the general inpatient symptoms justifying general inpatient level of care: _____

Physician Team Member Signature (or check if copy of inpatient order sheet is attached)

Hospice Name

Hospice Contact Person

Telephone Number

Address

FAX Number

Date