



Community
PALLIATIVE CARE
of Hospice of North Idaho

From: _____

Date: _____

Re. Community Palliative Care

Patient: _____

DOB: _____

This patient is being referred for Community Palliative Care. The Referral/Order form is attached, and the information below has been included.

- Referral/Order form
- Demographics/including complete Social Security #
- Insurance Information/cards
- POST/Advance Directive forms
- H&P
- Most recent progress note
- Specialist/consultant notes
- Current Medication List

P: (208)772-7994 F: (208)209-8509

(This form is fillable and printable at hospiceofnorthidaho.org)

04/2022