



**Islands Hospice**  
*It's about living.*

820 Mililani Street, Ste 400  
Honolulu, HI 96813  
PHONE: (808) 550-2552  
FAX: (808) 550-2551  
islandshospice.com



\_\_\_\_\_  
**Patient's Name**

\_\_\_\_\_  
**DOB**

\_\_\_\_\_  
**Family Contact**

\_\_\_\_\_  
**Phone No.**

**HOSPICE**

**DIAGNOSIS:**

- Cancer
- Dementia
- Heart Disease

- Pulmonary Disease
- Liver Disease

\_\_\_\_\_  
Other Terminal Diagnosis

ORDER TO EVALUATE AND ADMIT:

\_\_\_\_\_  
Attending Physician's Signature

\_\_\_\_\_  
Date

- I will continue to oversee patient's hospice care
- I request the Medical Director of Islands Hospice to assume care

**SUPPORTIVE CARE**

**DIAGNOSIS:**

- Cancer
- Heart Disease – CHF
- Advanced Pulmonary Disease

ORDER TO EVALUATE AND ADMIT:

\_\_\_\_\_  
Attending Physician's Signature

\_\_\_\_\_  
Date

**PALLIATIVE CARE**

**DIAGNOSIS:**

- Cancer
- Heart Disease - CHF
- Advanced Pulmonary Disease

\_\_\_\_\_  
Other

ORDER TO EVALUATE AND ADMIT:

\_\_\_\_\_  
Attending Physician's Signature

\_\_\_\_\_  
Date

**PLEASE FAX THIS COMPLETED FORM ALONG WITH A H&P, PROGRESS NOTES AND LABS TO SUPPORT THE ADMISSION**



**FAX TO (808) 550-2551**



If you are not the intended recipient, you are hereby notified that any reading, disclosure, copying, distribution, or action taken in reliance on the contents of these documents is strictly prohibited. Violators may be prosecuted. If you have received this communication in error, please notify the sender immediately and destroy the transmitted information