

# Hospice Care Eligibility Summary

**Patient Name:** [Patient's Full Name]

**Date of Birth:** [Patient's Date of Birth]

**Patient ID:** [Patient ID]

## Eligibility Criteria

- **Terminal Illness:** The patient has been diagnosed with a terminal illness with a prognosis of six months or less.
- **Patient's Choices:** The patient has expressed a desire to receive palliative care rather than curative treatment.
- **Clinical Indicators:** Evidence of declining health status, including weight loss, decreased performance status, and increased symptom burden.

## Supporting Documentation

**Physician's Statement:** Attached is the physician's order for hospice care and supporting medical documentation.

**Assessment Date:** [Date of Assessment]

## Conclusion

The patient meets the eligibility requirements for hospice care services based on the provided medical history and current health status.

**Prepared by:** [Provider's Name]

**Date:** [Date of Preparation]