

Hospice Agency Meet & Greet

Courtesy of HelpfulHospiceNurse.com

Service	Yes	No	Frequency	Service	Yes	No	Frequency
Physician	<input type="checkbox"/>	<input type="checkbox"/>		Respite Care	<input type="checkbox"/>	<input type="checkbox"/>	
Nursing	<input type="checkbox"/>	<input type="checkbox"/>		Continuous Home Care	<input type="checkbox"/>	<input type="checkbox"/>	
Aide Services	<input type="checkbox"/>	<input type="checkbox"/>		Vigil Services	<input type="checkbox"/>	<input type="checkbox"/>	
Spiritual Care	<input type="checkbox"/>	<input type="checkbox"/>		Home Care	<input type="checkbox"/>	<input type="checkbox"/>	
Social Work	<input type="checkbox"/>	<input type="checkbox"/>		Inpatient Care	<input type="checkbox"/>	<input type="checkbox"/>	
Bereavement	<input type="checkbox"/>	<input type="checkbox"/>		Medication Delivery	<input type="checkbox"/>	<input type="checkbox"/>	
Massage Therapy	<input type="checkbox"/>	<input type="checkbox"/>		Speech Therapy	<input type="checkbox"/>	<input type="checkbox"/>	
Pet Therapy	<input type="checkbox"/>	<input type="checkbox"/>		Physical Therapy	<input type="checkbox"/>	<input type="checkbox"/>	
Music Therapy	<input type="checkbox"/>	<input type="checkbox"/>		Occupational Therapy	<input type="checkbox"/>	<input type="checkbox"/>	
Volunteer Services	<input type="checkbox"/>	<input type="checkbox"/>		Funeral Planning Assistance	<input type="checkbox"/>	<input type="checkbox"/>	

Day by Day

How often will I/my loved one be seen?

What will a typical week look like for us?

Will I see the same staff each week?

Are services available 24/7?
What response time can I expect?

Costs

Do you accept our Insurance?

Do you provide equipment, personal care items or medications?

What medications/items are not covered?

Additional Care

What services are available to our family after our loved one dies?

Tell me about a time when you granted a final wish...

When are you available to take me/my loved one as a patient?

Other

Do you require me/my loved one to have a DNR order?

Will you work with my current PCP?

Appointment Date/Time _____

Hospice Agency _____

Contact Name _____

Contact Number _____

