



IS HOSPICE CARE THE ANSWER?

Hospice care is for those who have a life expectancy of six months or less and have chosen to focus on palliative care, comfort, and relief from pain and symptoms. Today, many people unnecessarily delay receiving the benefits of hospice care because they are unsure of the right time to consider hospice care.

If you have questions about whether you or your loved one could be eligible to receive hospice care, our hope is that this questionnaire will serve as your starting point for asking “Is Hospice Care the Answer?”

Have you or a loved one...

Answer these questions honestly and to the best of your ability.

- Yes No **Been hospitalized or to the emergency room several times in the past six months?**
- Yes No **Been making more frequent phone calls to your physician?**
- Yes No **Started taking medication to lessen physical pain?**
- Yes No **Started spending most of the day in a chair or bed?**
- Yes No **Fallen several times over the past six months?**
- Yes No **Started needing help from others with two or more of the following:**
 - Getting out of bed
 - Bathing
 - Eating
 - Dressing
 - Walking
- Yes No **Started feeling weaker or more tired?**
- Yes No **Experienced weight loss so that clothes are noticeably looser?**
- Yes No **Noticed a shortness of breath, even while resting?**
- Yes No **Been told by a doctor that life expectancy is limited?**

If you answered “yes” to four or more of these questions, then you or your loved one may be eligible for a hospice evaluation. For more information, simply complete the form below and send it to your local Kindful Hospice™ office. A member of the Kindful Hospice™ team will contact you as soon as possible.

YOUR NAME	PATIENT'S NAME (IF DIFFERENT)		
RELATIONSHIP TO PATIENT	ADDRESS		
PRIMARY CARE PHYSICIAN	CITY	STATE	ZIP
BEST TIME TO CONTACT	EMAIL	PHONE	