Palliative Care Patient Summary

Patient Name: _____

Patient DOB: _____

Document the specific clinical factors, functional capacity and complicating conditions that affect the patient's life expectancy:

_____
_____
_____
_____
_____

☐ The patient's death within a year would not be unexpected based on clinical status.

I confirm that I composed this narrative statement and that it is based on my review of the patient's medical record and/or my personal examination of the patient.

_____

Physician   Date

Data Requirements:

Initial Enrollment:

1. Please include specialist consultation notes that document the diagnosis, extent of disease, prior treatments and outcomes and the options remaining to the member.

2. Please include specific information about the member's functional capacity including ambulation, activity level, and capacity for self-care.

Re-enrollment:

1. Please include specific information to document that the member continues to meet the general and specific criteria for the Partnership palliative care benefit.

2. Please include specific information about the member's functional capacity including ambulation, activity level, capacity for self-care and extent of disease.