

**PEACE PALLIATIVE CARE CLINIC
PATIENT INFORMATION WORKSHEET**

DEMOGRAPHICS					
Last Name	First Name	Social Security #	Age	DOB	Sex
Address	City, State, Zip Code		Home Tel:	Work Tel:	
Primary Care Giver	Address	Relationship:	Home Tel:	Work Tel:	
Primary Physician	Address	Telephone			
Other Family/Friends	Address	Home Tel:	Work Tel:		
REFERRAL SOURCE	Hospitalization Date	Location of Patient			
Life-Defining Illness / Dx Date	Other Dx Now	Past Significant Hospitalizations/Surgery			
Medications/OTCS					
Significant Tests/Procedures					

MEDICAL DATA

FUNCTIONAL SCORES (PSMS)	
Toilet —	Telephone —
Feeding —	Traveling —
Dressing —	Shopping —
Grooming —	Cooking —
Ambulation —	Housework —
Bathing —	Medication —
	Finances —

Nutritional Status

- recent weight loss tube feeding

Symptoms/Treatments/Therapies

(ESAS Scale)

- Pain Now —
 Past 3 Days —
- Activity Level —
- Nausea/Vomiting —
- Constipation —

Last BM —

Depression —

Anxiety —

Fatigue —

Appetite —

Sense of Well Being —

Shortness of Breath —

Physical Discomfort —

Incontinence —

Diarrhea —

Falls —

Other —

***Most bothersome symptoms**

CONSULTATION

1. What can the PEACE Care Clinic do to help? _____

2. Patient's Goals/Wishes for care: _____

3. Family's Goals/Wishes for care: _____

4. P.O.A. or Health Care/Living Will Yes No

5. P.O.A. Agent/Guardian: _____

6. DNR Status: _____

7. Anticipated Outcomes/Prognosis:

Home with help

Hospice at home

Move in with others

Hospitalization

Other hospice

Nursing Home placement

Other _____

8. Strengths of patient & family:

Available support system

Good pt/family dynamics

Sufficient finances for ADL assist

Good coping

Other: _____

9. Patient family challenges:

Anger expressed

Family not wanting pt to know dx

Pt/family disagree w/goals

Pt/family seeking futile tx

Pt/family not aware of terminal dx

Current plan unrealistic

PLAN OF CARE/DATE ADDRESSED

Return to clinic for: _____ Primary doctor visit for: _____

HHRN PT Nurses' Aid APN visit for: _____

SW OT OTHER _____

Agency _____ Telephone Number _____

Notes: _____
