ASSESSMENT WORKSHEET FOR FACE-TO-FACE VISIT
TO RECERTIFY HOSPICE PATIENT
FOR 3RD and SUBSEQUENT MEDICARE HOSPICE BENEFIT PERIOD
Rev 07/18

Patient Name:_______________________ Patient Number: _______________

Benefit Period Begin Date: _______________ and End Date: ______________

Primary M.D:

History of present illness:

Current medications
  See list

_____ Medications were reviewed and verified with the patient

Allergies
  NKDA
  NKFA

Problem List:

Social hx:

Family hx:

Review of systems

Systemic:

Allergy:
Dermatology:

ENT:

Cardiology:

Endocrinology:

Gastroenterology:

Hematology/Lymph:

Musculoskeletal:

Ophthalmology:

Respiratory:

Urology:

Neurology:

Psychology:
Physical examination

Vital Signs:

Height:  Weight:  BMI:  Blood Pressure:  Heart Rate:
Respirations:  O2 Saturation:

General:

HEENT:

Neck

Respiratory:

Cardiac:

Abdomen:

Neuro:

Lower extremities:

Genito-/urinary:

Depression Screening:
Karnofsky score (See Scale):

Laboratory Data: Date
Glucose:
BUN:
Cr:
Est GFR:
NA:
K:
Total cholesterol:
Triglycerides:
LDL:
HDL:
Microalbumin:
HbA1c:
Hemoglobin:
Hematocrit:

Conclusions:

Assessment:

______________________________________________
Signature of MD/NP
<table>
<thead>
<tr>
<th>KARNOFSKY PERFORMANCE STATUS SCALE DEFINITIONS RATING (%) CRITERIA</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>RATING</strong></td>
</tr>
<tr>
<td>---</td>
</tr>
<tr>
<td>100</td>
</tr>
<tr>
<td>90</td>
</tr>
<tr>
<td>80</td>
</tr>
<tr>
<td>70</td>
</tr>
<tr>
<td>60</td>
</tr>
<tr>
<td>50</td>
</tr>
<tr>
<td>40</td>
</tr>
<tr>
<td>30</td>
</tr>
<tr>
<td>20</td>
</tr>
<tr>
<td>10</td>
</tr>
<tr>
<td>0</td>
</tr>
</tbody>
</table>