

# AM I ELIGIBLE FOR HOSPICE CARE?

Please mark the following statements "True or False" as they apply to you or your loved one to see if Hospice care is appropriate.

	TRUE	FALSE
I have started feeling more tired and weak.	<input type="checkbox"/>	<input type="checkbox"/>
I experience shortness of breath, even when resting.	<input type="checkbox"/>	<input type="checkbox"/>
I spend most of the day in bed or in a chair.	<input type="checkbox"/>	<input type="checkbox"/>
I have noticed an increased weight loss in the past six months	<input type="checkbox"/>	<input type="checkbox"/>
I make frequent phone calls to my physician.	<input type="checkbox"/>	<input type="checkbox"/>
I take medications to lessen physical pain.	<input type="checkbox"/>	<input type="checkbox"/>
I have fallen several times in the past six months.	<input type="checkbox"/>	<input type="checkbox"/>
I have made frequent trips to the emergency room in the past six months.	<input type="checkbox"/>	<input type="checkbox"/>
I need help from others with important daily activities (Bathing, Dressing, Eating, Cooking, Walking, Getting out of bed)	<input type="checkbox"/>	<input type="checkbox"/>
My doctor has told me my life expectancy is limited.	<input type="checkbox"/>	<input type="checkbox"/>

You or your loved one may be eligible for Hospice care if you answered "True" to 4 or more statements. However, even when criteria is not met, clinical opinion guides eligibility.

Hospice of South Texas provides physical, spiritual and emotional care and support to patients and families during end stage illness. If you would like to learn more about Hospice of South Texas and how we can help, please complete and submit the following form and one of our team members will contact you soon. You may also contact us directly at 1.800.874.6908.

Name: \_\_\_\_\_

Patient's Name: \_\_\_\_\_

Relation to Patient: \_\_\_\_\_

Patient's Zip Code: \_\_\_\_\_

Your Phone Number: \_\_\_\_\_

Your Email Address: \_\_\_\_\_

Preferred Method of Contact:  Phone  Email

Best Time to Contact:  Early Morning  Midmorning  Noon  Afternoon  Early Evening

How did you learn about Hospice of South Texas:

- Physician  Friend  Bill Board  Radio  
 Television  Website  Newspaper  
 Nursing Home  Hospital  Other: \_\_\_\_\_

**HOSPICE OF SOUTH TEXAS**  
605 E. Locust Ave ▪ Victoria, Texas 77901  
1.800.874.6908

