



6520 Pleasant Valley Road
Diamond Springs, CA 95619
Telephone: 530-621-7820 or 916-817-2338

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

Terminal Diagnosis: \_\_\_\_\_

Secondary Diagnosis: \_\_\_\_\_

THANK YOU FOR REFERRING YOUR PATIENT TO SNOWLINE HEALTH.

Please indicate your preference below:

- I will follow this patient on hospice and sign the death certificate.
I would prefer that the Snowline Health Medical Director follow this patient and sign the death certificate.
I authorize the Snowline Health Medical Director to complete a Palliative Care Consultation, if needed for symptom management and/or discussion of end-of-life care.

I certify that the patient referenced above is terminally ill with a life expectancy of 6 months or less if the terminal illness runs its normal course. Please admit to Snowline Health.

Print Name MD Signature Date: \_\_\_\_\_

\*\*\*Snowline Health will initiate the Certificate of Terminal Illness (CTI) and Initial Plan of Care (IPOC), along with the Medication/Treatment PRN orders, and fax them to you for your signature.\*\*\*

Upon completion, please fax this form, along with records requested below, to:

530-622-7032 fax

- Patient demographic sheet
Copy of insurance card (if available)
History & Physical
Diagnostic reports (CT, MRI, PET scan, lab tests, biopsy, x-ray, etc.)
Recent hospital records (if available)
Physician progress notes
Height/Weight
Other: \_\_\_\_\_

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