Hospice Conversation Notes Worksheet

Resident Name: _____ Date of Conversation: _____

Family Members Present: _____

Observed Changes

☐ Increased sleeping ☐ Reduced appetite ☐ Weight loss ☐ Increased weakness

☐ Difficulty swallowing ☐ Increased care needs ☐ Other: _____

Family Concerns

_____

_____

_____

Key Discussion Points

☐ Hospice services explained ☐ Comfort-focused care discussed ☐ Questions answered

☐ Evaluation recommended

Next Steps

☐ Follow-up meeting ☐ Hospice consultation ☐ Additional information requested

☐ Family not ready at this time

Notes:

_____

_____

_____

_____

_____

Provider Signature: _____ Date: _____

Follow-Up Date: _____