END OF LIFE CERTIFICATION FORM

To: Medical Director
R.I. Veterans Home

From: __________________
________________________
________________________

I certify that _______________________________________________________meets the following criteria to be considered for end of life admission to the Rhode Island Veterans Home:

1. Veteran has received treatment for a terminal illness whose current prognosis is for a life expectancy of one (1) month or less if that illness runs its normal course. The illness is ____________________________.

2. Needs assistance with all activities of daily living (eating, bathing, dressing, toileting, transportation, continence).

3. Veteran agrees to accept Hospice Care through The Rhode Island Veterans home only.

4. Veteran agrees to be admitted with a completed Medical Orders for Life Sustaining Treatment (MOLST) checked DNR (section A), CMO (section B) and DNI (section D).

__________________________ Date: ________________
Signature

__________________________
Name

__________________________
License Number

I Approve/Disapprove this Application.

__________________________ Date: ________________
Frank A. Amalfitano, MD
Medical Director, R.I Veterans Home