

Patient Last Name:

For SDMC Use Only:

Part 4. Exams and Tests

a. Date of most recent annual physical examination. Include a copy of the most recent physical.

b. List any abnormal findings from exams and tests:

N/A

c. Date of most recent EKG. Include a copy.

N/A

d. Date of most recent chest x-ray. Include a copy.

N/A

e. Date of most recent laboratory tests. Include a copy of the most recent lab work.

Part 5. Additional Information

a. List any cardiac or pulmonary condition(s):

N/A

b. List any major illness, surgery, and/or hospitalizations in the last year:

N/A

c. List any other known physical condition or medical diagnosis:

Part 6. Prior SDMC Review

a. Has the patient been reviewed by SDMC previously?

Yes

No

Unknown

b. Date that the most recent SDMC approved procedure was performed:

c. Procedure(s) previously requested:

d. Results of procedure(s):

Patient Last Name:

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Part 7. Form Submitter's Contact Information

Last Name:		First Name:	
Business Email Address:		Title:	
Agency Name: <small>(Please avoid abbreviations)</small>			
Business Address:			
City:		State:	Zip:
Phone: <small>Include area code ()</small>	Ext:	Cell: <small>Include area code ()</small>	Fax: <small>Include area code ()</small>

Part 8. Attestation

The above information and statements are given to the best of my knowledge, complete and truthful.

Signature of Form Submitter:

Date:

PLEASE REMEMBER TO ATTACH

Documentation related to the requested End of Life Care:

- Consults
- Annual Physical Exam
- Progress notes
- Results of diagnostic tests