HospiceTools™
How Hospice Happens

Spiritual Counselor eDocs EMR Forms Patient Care Checklist

This checklist details the most common and regulatorily required forms a spiritual counselor will use at the start & during ongoing patient care.

Title	Notes
SPIRITUAL ASSESSMENT	Complete with 5 days of starting care
SPIRITUAL VISIT NOTE	Completed at each scheduled visit. Document a patent and family's mental, emotional and behavioral status in addition to needs for spiritual support. Prompts spiritual counselor to update care plan.
SPIRITUAL PROGRESS NOTE	The Spiritual Counselor Progress Note can be used for a variety of situations including PRN visits, phone calls, care plan meetings, care coordination, etc.
IDG UPDATE	Completed at each IDG meeting. Documentation of changes to patient/family condition and needs over the past two weeks. Also, collaboration with patient/family, attending physician, facility (if applicable) and hospice team. Planned frequencies for next IDG period.
CARE PLAN & UPDATE	Create/update as needed during care. The plan of care needs to be updated with any changes in problems, goals, & interventions every 15 days min.
DEATH VISIT REPORT	Complete upon patient death (if SC is primary at death visit)
PATIENT INCIDENT REPORT	As needed to document incidents that occur such as falls, suspected abuse/neglect etc.
VOLUNTEER REQUEST FORM	As needed when patient/caregiver requests a volunteer (if request is made of spiritual counselor). Sent to volunteer coordinator for review and volunteer assignment
STICKY NOTES TAB	As needed: eDocs Sticky Notes Tab is often used for planning & note taking for funeral planning / polst / and sharing relevant data with team that will not hit the chart.

Notes