MARVIX AI

HOSPICE DOCUMENTATION NOTE

Questions? Visit us at www.marvix.ai

1 Patient Information

Name:
DOB:
Age / Sex:
Date of Service:
Provider:
Hospice Agency:
Level of Care (Routine Home / Continuous / Inpatient / Respite):

2 Primary Diagnosis

Terminal diagnosis supporting hospice eligibility. Include stage/severity and relevant disease progression...

3 Secondary Diagnoses / Comorbidities

Conditions contributing to overall decline or impacting symptom burden...

4 Clinical Status

Functional status (e.g., PPS score, ADL dependence):
Recent decline (weight loss, weakness, decreased intake):
Cognitive status (alert, confused, minimally responsive):
Disease progression indicators:

5 Pain & Symptom Assessment

Pain (location, severity, character, response to treatment):
Dyspnea:
Fatigue:
Nausea:
Agitation:
Secretions:
Other distressing symptoms:
Effectiveness of current symptom management:

6 Review of Systems

Constitutional (fatigue, weight loss):
Respiratory (dyspnea):
Gastrointestinal (intake, nausea):
Neurological (confusion, decline):
Other systems as relevant:

7 Physical Examination

General appearance (frail, cachectic, distress level):
Cardiovascular:
Respiratory:
Abdomen:
Neurological:
Skin (pressure injuries, integrity):

8 Psychosocial & Spiritual Status

Patient mood and coping:
Family / caregiver support:
Caregiver burden or stress:

Spiritual needs, beliefs, or cultural factors impacting care:

9 Care Provided

Symptom management interventions. Medication adjustments. Counseling or support provided. Coordination with interdisciplinary team...

10 Assessment

Disease trajectory and progression. Symptom control status. Continued eligibility for hospice (decline and prognosis)...

11 Plan

Adjustments to symptom management. Medication changes. Interdisciplinary care coordination. Support services for patient/family...

12 Goals of Care

Comfort-focused care goals:

Advance directives / code status:

End-of-life planning:

13 Follow-Up

Next visit:

Monitoring plan:

Provider Name:

Credentials:

Date:

Time: