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| --- | --- | --- | --- |
|  |  | **General Indicators** | **Clinical Indicators** |
| **Client Initial/ PID** | **Surprise question? Yes/ No/ Uncertain** | **Has there been ↑hospitalization in past 6 mos?** | **Is the client in bed/ chair more than ½ day?** | **↑ Dependence on others for physical/ mental health needs?** | **↑ Weight loss over last 3-6 mos, low BMI?** | **Are there persistent symptoms?** | **Is client/ family asking for treatment withdrawal?** | **List client’s advanced conditions/ serious illness below** | **Does client have clinical indicators specific to the illness?** | **Is client at risk of dying with any other condition or complication not reversible?** |
|  | Yes/ No/ Uncertain |  |  |  |  |  |  | --- |  |  |
|  | Yes/ No/ Uncertain |  |  |  |  |  |  | --- |  |  |
|  | Yes/ No/ Uncertain |  |  |  |  |  |  | --- |  |  |
|  | Yes/ No/ Uncertain |  |  |  |  |  |  | --- |  |  |
|  | Yes/ No/ Uncertain |  |  |  |  |  |  | --- |  |  |
|  | Yes/ No/ Uncertain |  |  |  |  |  |  | --- |  |  |
|  | Yes/ No/ Uncertain |  |  |  |  |  |  | --- |  |  |
|  | Yes/ No/ Uncertain |  |  |  |  |  |  | --- |  |  |
|  | Yes/ No/ Uncertain |  |  |  |  |  |  | --- |  |  |