

**AGENCY FOR HEALTH CARE ADMINISTRATION
Semi-Annual Report of Hospice Utilization (July-December)**

Hospice: _____ Service Area(s): _____ Calendar Year: _____

Contact Person: _____ Phone: _____ FAX: _____ Email Address: _____

1. Number of patients admitted to your program (unduplicated) for the following categories:

Diagnosis	New Patients Admitted		TOTALS
	July 1 st to December 31 st		
	Under Age 65	Age 65 and Over	
Cancer			
All Other			
TOTALS			

2. Total patient census (caseload) on these dates:

Jul 1 _____
 Aug 1 _____
 Sep 1 _____
 Oct 1 _____
 Nov 1 _____
 Dec 1 _____

3. For the caseload on July 1: Number of patients in:

Private Home _____
 ALF _____
 Hospice Residential Unit _____
 Freestanding Inpatient Hospice Facility _____
 Nursing Home _____
 Hospital _____

4. Total patient days of care July 1st through December 31st: _____

5. Hospice with a SINGLE designated service area:

Service Area Number: _____

Total new patients admitted in each month:

Jul _____
 Aug _____
 Sep _____
 Oct _____
 Nov _____
 Dec _____
Total _____

6. Hospice with TWO or THREE designated service areas:

Service Area Number: _____

Total new patients admitted in each month:

Jul _____
 Aug _____
 Sep _____
 Oct _____
 Nov _____
 Dec _____
Total _____

Service Area Number: _____

Total new patients admitted in each month:

Jul _____
 Aug _____
 Sep _____
 Oct _____
 Nov _____
 Dec _____
Total _____

Service Area Number: _____

Total new patients admitted in each month:

Jul _____
 Aug _____
 Sep _____
 Oct _____
 Nov _____
 Dec _____
Total _____

REVIEWED/APPROVED BY:

 (Administrator's Signature) (Date)