

# ORDER FORM



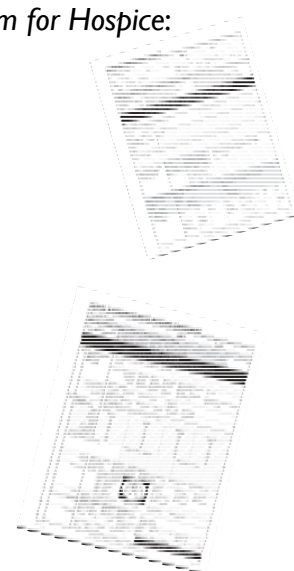
DATE: \_\_\_\_\_

## CLINICAL DOCUMENTATION SYSTEM FOR HOSPICE

The forms included in Weatherbee's *Clinical Documentation System for Hospice*:

- Meet the requirements of the new Medicare CoPs
- Reduce the redundancy found in most hospice clinical documentation systems
- Include quality outcome measures needed for the hospice's QAPI program

The *Clinical Documentation System for Hospice* represents not only tools to use, but a process designed to improve patient care planning and the quality of care provided. To help hospices most fully benefit from the system, comprehensive instructions are provided free of charge on the Hospice Education Network (HEN) with streaming videos describing how each form is used.



If you have any questions, call us at 866-969-7124.

### DELIVERY INFORMATION

#### SHIP TO ADDRESS

Contact Name \_\_\_\_\_ Title \_\_\_\_\_  
Organization \_\_\_\_\_  
Address \_\_\_\_\_  
City \_\_\_\_\_ St \_\_\_\_\_ Zip \_\_\_\_\_  
Phone \_\_\_\_\_ Fax \_\_\_\_\_  
Email \_\_\_\_\_

#### ORDER METHODS

**Call** 866-969-7124 Mon-Fri 9 to 5 EST  
**Fax** 508-778-8899  
**Mail** Weatherbee Resources  
259 North St Hyannis, Ma 02601  
**Online** [www.weatherbeeresources.com](http://www.weatherbeeresources.com)

**ALL ORDERS ARE PREPAID**

**SHIPPING & HANDLING:** Orders will ship FedEx Ground unless otherwise indicated:  Next Day delivery  2-day delivery.

**NOTE:** S & H is not included in price and will be added at time of processing. Once processed, you will receive an order confirmation with total amount charged, including S&H.

**DELIVERY:** Forms will be shipped same day order is received if received before 11 AM EST.

### PAYMENT INFORMATION

Charge my Credit Card:  Visa  MC  Discover  AmExp

Account No.: \_\_\_\_\_

Expiration Date: \_\_\_\_\_ Security Code: \_\_\_\_\_

Billing ZIP Code: \_\_\_\_\_

Name on Card: \_\_\_\_\_

*Office use only*

|              |                 |
|--------------|-----------------|
| Date Proc'd: | By:             |
| Auth #:      | Amount Charged: |



# CLINICAL DOCUMENTATION SYSTEM FOR HOSPICE

## ORDER FORM

Please complete the order form below with your payment info before submitting an order.

NOTE: The Prices Listed below are for (1) 100-pack.

| Qty (100's): | Document Title   | Form#   | Pgs | 1-Part (no NCR) | 2-part NCR | 3-part | Price |
|--------------|--|---------|-----|-----------------|------------|--------|-------|
|              | 60-90 Day Benefit Calculator Wheel                                       | CL.335  | 1   | 8.99            |            |        |       |
|              | 60-90 Day Benefit Calculator Sheet                                       | CL.340  | 1   | 8.99            |            |        |       |
|              | Attending Physician Initial Certification of Terminal Illness            | CL.125a | 1   | 8.25            | 25.50      | 38.25  |       |
|              | Bereavement Plan of Care   | CL.265  | 2   | 13.75           | 42.50      | 63.75  |       |
|              | Bereavement Risk Assessment  | CL.190  | 2   | 13.75           | 42.50      | 63.75  |       |
|              | Care Coordination Sheet  | CL.280  | 1   | 8.25            | 25.50      | 38.25  |       |
|              | Comprehensive Hospice Assessment Cover Page                              | CL.145  | 1   | 8.25            | 25.50      | 38.25  |       |
|              | Comprehensive Psychosocial Assessment                                    | CL.175  | 3   | 20.63           | 70.63      | 95.63  |       |
|              | Comprehensive Spiritual Assessment                                       | CL.185  | 3   | 20.63           | 70.63      | 95.63  |       |
|              | Determining Terminal Status: Adult Failure to Thrive Worksheet           | CL.200  | 2   | 16.50           |            |        |       |
|              | Determining Terminal Status: ALS Worksheet                               | CL.215  | 2   | 16.50           |            |        |       |
|              | Determining Terminal Status: Alzheimer's and Related Disorders Worksheet | CL.225  | 2   | 16.50           |            |        |       |
|              | Determining Terminal Status: Cancer Worksheet                            | CL.220  | 2   | 16.50           |            |        |       |
|              | Determining Terminal Status: Decline in Clinical Status Worksheet        | CL.195  | 2   | 16.50           |            |        |       |
|              | Determining Terminal Status: Heart Disease Worksheet                     | CL.230  | 2   | 16.50           |            |        |       |
|              | Determining Terminal Status: HIV Worksheet                               | CL.235  | 2   | 16.50           |            |        |       |
|              | Determining Terminal Status: Liver Disease Worksheet                     | CL.240  | 2   | 16.50           |            |        |       |
|              | Determining Terminal Status: Pulmonary Disease Worksheet                 | CL.245  | 2   | 16.50           |            |        |       |
|              | Determining Terminal Status: Renal Disease Worksheet                     | CL.205  | 2   | 16.50           |            |        |       |
|              | Determining Terminal Status: Stroke - Coma Worksheet                     | CL.250  | 2   | 16.50           |            |        |       |
|              | Drug Profile   | CL.290  | 2   | 13.75           | 42.50      | 63.75  |       |
|              | Drug Profile Cover Page  | CL.295  | 1   | 7.00            | 21.25      | 31.88  |       |
|              | Drug Profile Review  | CL.285  | 2   | 13.75           | 42.50      | 63.75  |       |
|              | Fall Risk Assessment   | CL.155  | 1   | 8.25            | 25.50      | 38.25  |       |
|              | Financial Assessment   | CL.180  | 2   | 16.50           | 51.00      | 76.50  |       |
|              | Hospice Aide Flow Sheet  | CL.110  | 3   | 26.75           | 70.75      | 95.63  |       |
|              | Hospice Aide Plan of Care  | CL.260  | 2   | 13.75           | 42.50      | 63.75  |       |
|              | Hospice Longitudinal Data Assessment Tool (LDAT)                         | CL.100  | 4   | 37.50           |            |        |       |
|              | Hospice Longitudinal Data Assessment Tool (LDAT) Quick Reference Guide   | CL.105  | 2   | 37.50           |            |        |       |
|              | Hospice Physician Initial Certification of Terminal Illness              | CL.125  | 1   | 8.25            | 25.50      | 38.25  |       |
|              | Hospice Physician Recertification of Terminal Illness                    | CL.120  | 1   | 8.25            | 25.50      | 38.25  |       |
|              | Hospice Plan of Care   | CL.255  | 6   | 41.25           | 127.50     | 191.25 |       |
|              | Hospice Plan of Care Change  | CL.255a | 1   | 13.75           | 21.25      | 31.88  |       |
|              | IDG Review and Update to the Hospice Plan of Care                        | CL.275  | 3   | 20.63           | 70.63      | 95.63  |       |
|              | Initial & Comprehensive Nursing Assessment                               | CL.150  | 8   | 55.00           | 170.00     | 255.00 |       |
|              | Medicare Hospice Revocation Form   | CL.130  | 1   | 8.25            | 25.50      | 38.25  |       |
|              | Medicare/Medicaid Statement of Consent and Election                      | CL.140  | 1   | 8.25            | 25.50      | 38.25  |       |
|              | Nursing Assessment Update  | CL.300  | 7   | 55.00           | 157.50     | 223.13 |       |
|              | Nursing Clinical Note  | CL.315  | 3   | 20.63           | 70.63      | 95.63  |       |
|              | Physical Pain Assessment   | CL.160  | 2   | 16.50           | 51.00      | 76.50  |       |
|              | Physicians Orders and Medication Record                                  | CL.135  | 3   |                 | 82.50      |        |       |
|              | Progress Note  | CL.330  | 1   | 7.00            | 21.25      | 31.88  |       |
|              | Psychosocial Assessment Update   | CL.305  | 3   | 20.63           | 70.63      | 95.63  |       |
|              | Psychosocial/Spiritual Clinical Note                                     | CL.320  | 1   | 7.00            | 21.25      | 31.88  |       |
|              | Safety Assessment  | CL.170  | 2   | 16.50           | 51.00      | 76.50  |       |
|              | Skin Impairment Assessment   | CL.165  | 2   | 16.50           | 51.00      | 76.50  |       |
|              | Spiritual Assessment Update  | CL.310  | 3   | 20.63           | 70.63      | 95.63  |       |
|              | Volunteer Note   | CL.325  | 1   | 7.00            | 21.25      | 31.88  |       |

1/15/08: Prices are subject to change

**TOTAL:**