

**AGENCY FOR HEALTH CARE ADMINISTRATION
Semi-Annual Report of Hospice Utilization (January-June)**

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
	January 1 st to June 30 th		
	Under Age 65	Age 65 and Over	
Cancer			
All Other			
TOTALS			

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

Jan 1 _____
 Feb 1 _____
 Mar 1 _____
 Apr 1 _____
 May 1 _____
 Jun 1 _____

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

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

4. Total patient days of care January 1st through June 30th: _____

5. Hospice with a SINGLE designated service area:

Service Area Number: _____

Total new patients admitted in each month:

Jan _____
 Feb _____
 Mar _____
 Apr _____
 May _____
 Jun _____
Total _____

6. Hospice with TWO or THREE designated service areas:

Service Area Number: _____	Service Area Number: _____	Service Area Number: _____	Service Area Number: _____
Total new patients admitted in each month:	Total new patients admitted in each month:	Total new patients admitted in each month:	Total new patients admitted in each month:
Jan _____	Jan _____	Jan _____	Jan _____
Feb _____	Feb _____	Feb _____	Feb _____
Mar _____	Mar _____	Mar _____	Mar _____
Apr _____	Apr _____	Apr _____	Apr _____
May _____	May _____	May _____	May _____
Jun _____	Jun _____	Jun _____	Jun _____
Total _____	Total _____	Total _____	Total _____

REVIEWED/APPROVED BY:

 (Administrator's Signature) (Date)