



STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS
RIVH RHODE ISLAND VETERANS HOME
OFFICE OF VETERANS AFFAIRS

END OF LIFE CERTIFICATION FORM

To: Medical Director
R.I. Veterans Home

From: _____

I certify that _____ meets the following criteria to be considered for end of life admission to the Rhode Island Veterans Home:

- _____ 1. Veteran has received treatment for a terminal illness whose current prognosis is for a life expectancy of one (1) month or less if that illness runs its normal course. The illness is _____.
Initial
- _____ 2. Needs assistance with all activities of daily living (eating, bathing, dressing, toileting, transportation, continence).
Initial
- _____ 3. Veteran agrees to accept Hospice Care through The Rhode Island Veterans home only.
Initial
- _____ 4. Veteran agrees to be admitted with a completed Medical Orders for Life Sustaining Treatment (MOLST) checked DNR (section A), CMO (section B) and DNI (section D).
Initial

Signature

Date: _____

Name

License Number

I Approve/Disapprove this Application.

Frank A. Amalfitano, MD
Medical Director, R.I Veterans Home

Date: _____