

Name
Health Card Number
D.O.B.

Checklist for Planning an Expected Death at Home

Process / Date	Task	YES	NO	N/A	
Funeral Home Date:	The Care Coordinator has contacted the designated funeral home				
	The Funeral Home will remove the body without a completed death certificate				
	Funeral Home Name:				
	Phone:				
	Contact Person:				
	Special Instructions / Out of Area Considerations:				
Pronouncement Date:	1. The Nurse is expected to pronounce death at home OR				
	2. The physician requests to be contacted at the time of death to attend the home for pronouncement AND				
	If all efforts to make contact fail, the nurse will pronounce				
	Nursing Agency:		Phone:		
Certification Date:	1. The Physician will complete the death certificate at home OR				
	2. The Physician will complete the death certificate and provide it to the funeral home				
	Physician:		Primary Phone:		
	Secondary Phone:		Alternate Phone:		
	Special Instructions / Out of Area Considerations:				
Family Date:	The <i>Yellow Folder</i> is in the home & magnet is on the fridge				
	There is a DNRC form completed in the home				
	The patient and family demonstrate a good understanding of the <i>Yellow Folder</i> and care plan				
	The family are aware to keep driveway clear and visible So providers and the Funeral Home driver can access the home				
LHIN Care Coordinator Date:	The Care Coordinator has confirmed this plan with all members of the care team				
	Copies of checklist sent to:				
	· Physician				
	· Funeral home				
	· All service providers				
	· All Community Support Agencies involved				
Any Other Special Considerations:					

Care Coordinator: _____

Print

Sign

Primary Phone: _____

Secondary Phone: _____