

I understand that Middlesex Hospice and Palliative Care encourages the active involvement of a Primary Caregiver - someone to assist me with my personal care and activities or daily living when Hospice staff are not available.

_____ will be my Primary Caregiver.
Name of Primary Caregiver

Signature of Patient

Relationship to Patient

Other (if patient is unable to sign)

Date

I agree to be the primary caregiver for _____
I agree to do the following:

Participate with the Hospice Interdisciplinary Group and the patient in the development of the patient's Plan of Care.

Communicate the patient's needs and preferences.

IMMEDIATELY report and changes in the patient's condition to the hospice staff, who I may contact 24 hours/day, 7 days/week.

Make other arrangements for safe home care if I am unavailable.

Signature of Primary Caregiver

Date

Address of Primary Caregiver