



Ontario Health atHome

☐ Chatham Site

☐ Sarnia Site

☐ Windsor Site

Home Pronouncement Plan (HPP) for Expected Death

Patient Name: _____ DOB: (dd/mm/yy): _____

Address: _____ Phone: _____

Diagnosis: _____

DNR Confirmation Form No. _____

Physician or Nurse Who Will Pronounce in the Home (*Mandatory): (to identify death has occurred)

	Name	Phone	Fax	Pager	After Hours # if Applicable
Primary Health Care Provider					
Alternate Physician					
Nursing Agency					
Nursing Agency					

Further instruction if required: _____

Who will Complete the Death Certificate (*Mandatory): (to identify cause of death)

	Name	Phone	Fax	Pager	After Hours # if Applicable
Primary Health Care Provider					
Alternate Physician					

Funeral Home (*If Available):

Name	Phone	Fax	After Hours # if Applicable

Consent: Verbal consent to share HPP (pg.1) with funeral home obtained from:

☐ patient / ☐ SDM _____ (Name of SDM).

Implantable Cardioverting Defibrillator/Pacemaker? ☐ Yes ☐ No

Cultural/Spiritual Information (*If Available):

☐ Spiritual Support involved in the patient's care ☐ Patient requesting Spiritual Support be involved in care

When death occurs, what can we do before and after (rituals) to assist you and your loved ones:



Ontario Health atHome

* All fields must be completed in full or marked N/A

Patient Name: _____ DOB (dd/mm/yy): _____

Physician discussed CPR and/or prognosis with patient: ☐ Yes ☐ No If yes; date: _____
(dd/mm/yy)

Family / caregiver educated about the pronouncement process: ☐ Yes ☐ No

Signature / Designation / Title	Print Name	Date (dd/mm/yy)
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Signature / Designation / Title	Print Name	**Review Date (dd/mm/yy)
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Signature / Designation / Title	Print Name	**Review Date (dd/mm/yy)
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****HPP reviewed q 3 months or PRN**

Nursing Agency to fax the completed and/or reviewed HPP to the appropriate Primary Health Care Provider(s) and Funeral Director (if consent obtained).

Nursing Agency to send completed and/or revised HPP to Ontario Health atHome via Health Partner Gateway (HPG).

When HPG is unavailable, fax to:

Chatham:	519-351-5842
Windsor:	519-258-6288
Sarnia:	519-337-4331

Service Provider Use Only

The completed Home Pronouncement Plan has been faxed to:

Funeral Director:	_____	Date (dd/mm/yy):	_____
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Physician:	_____	Date (dd/mm/yy):	_____
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Physician:	_____	Date (dd/mm/yy):	_____
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Physician:	_____	Date (dd/mm/yy):	_____
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Physician:	_____	Date (dd/mm/yy):	_____
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Signature / Designation / Title	Print Name	Date (dd/mm/yy)
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