

VISITATION REQUEST

DATE: _____

I am requesting an in-person visit with _____

who is my _____

Please CHECK the reason for the visit

- Medical end of life decisions
- If living with family prior to admission and struggling with the change of environment and the lack of in-person support
- Making one or more major medical decisions
- Experiencing emotional distress over the loss of a family member or friend who recently died
- Requires cueing or encouragement to eat or drink which was previously provided by a family member or caregiver
- Used to talking and interacting with others and now is seldom speaking
- Assistance with treatment and/or discharge planning
- Other: _____

This form will be reviewed by the attending psychiatrist for approval during the next Treatment Team and If approved, a scheduled date and time for the visit will be provided to you. If not approved, you will be provided with the reason for the denial.