BANGALORE HOSPICE TRUST - KARUNASHRAYA

FINAL JOURNEY FORM

INFORMATION PROVIDED BY (PLEASE TICK): ☐ **PATIENT** ☐**FAMILY** ☐**INSTITUTION** ☐ **OTHERS**
FULL NAME (PATIENT): **KA NO:**
DATE AND TIME:

PLAN	DETAILS
POSITION OF THE BODY (As per religious custom)	
PREFERRED CLOTHING (Given by the family/decided by the patient)	☐**As per the BHT-Karunashraya Protocol** ☐**Provided by Family**
REGISTERED FOR ORGAN/BODY DONATION	☐**Yes** ☐**No** **Specify the site of donation:**
PREFERRED RITUALS BY FAMILY/OTHERS (Rituals, sacraments, prayers)	**Before Death:** **After Death:**
UNFINISHED BUSINESS/DESIRE/WISHES	
SPECIAL ASSISTANCE FOR CREMATION/FUNERAL	☐**Yes** ☐**No**
ATTACHED REQUISITION FORM	☐**Yes** ☐**No**
DETAILS OF FAMILY/INSTITUTION/OTHERS FILLING THIS FORM	**Full Name/Name of Institution:** **Relationship with Patient:** **Contact details:**
DETAILS OF FAMILY/INSTITUTION/OTHERS DURING BODY HANDOVER	**Name of the Person receiving the Body:** **Contact details:**

In case this form cannot be completed, please state the reason below:

_____

_____

SIGNATURE & FULL NAME (CAPITAL LETTERS):

COUNSELLOR **DOCTOR** **WARD IN-CHARGE**