

Home Health Referral & Face-to-Face Encounter



Name: _____ DOB: _____ F M

Address: _____

Phone: _____ Alt. Phone: _____

Emergency Contact: _____ Contact Phone: _____

Primary Insurance & Insurance ID: _____

Please send copies of any insurance card(s)

Home Health Orders

Skilled Nursing Evaluation
 Post-Op dressing change Staples /sutures removal Diabetic teaching/insulin Wound care Medication management I.V. TPN and teaching
 PICC line care Foley care Other: _____

Physical Therapy Evaluation
 Home safety/Fall prevention Gait training Muscle re-education Therapeutic exercise Muscle strengthening Establish HEP Transfer training ROM exercises DME Assessment Other: _____

Occupational Therapy Evaluation
 Muscle re-evaluation Therapeutic exercise Establish HEP Adaptive equipment ADL training Other: _____

Medical Social Worker Evaluation
 Evaluate family situation Evaluate financial status Evaluate emotional factors Medical directive set up Refer to community resources
 Crisis intervention Other: _____

Certified Home Health Aide
 Personal care and ADL assistance/teaching

Face-to-Face Encounter

Patient is considered homebound due to (limitation/restrictions):

I certify that this patient is under my care and that I, or a nurse practitioner or physician's assistant working with me, had a face-to-face encounter that meets the physician face-to-face encounter requirements with this patient on: _____

(Date)

Physician Information:

Name: _____

Signature: _____ Date: _____

Phone: _____ Fax: _____ NPI: _____

Fax Completed Form to 559-420-0310