



How to Complete the “Face-to-Face” Encounter Form

- **This form must be completed in entirety.**
- **This form must be signed and dated by an MD/DO.**

**However, the patient encounter and subsequent documentation on this form, may be completed by an MD, DO, PA, NP, CNS or CNM.*

I. Home Health Skilled Services: Select services requested and specify purpose.

Provide a brief narrative which addresses all of the following:
(See Attached Sheets for Examples)

II. Clinical Findings at the time of the Encounter – Describe:

- **What clinical findings** were identified at the time of this encounter (diagnosis and symptoms)?
- **Why** are home skilled services needed for this patient?

III. Homebound Status: Based on the clinical findings – Explain:

- **How** do the above listed clinical findings restrict the patient’s ability to leave home?
Include:
 - medical/surgical contraindications/ restrictions
 - physical limitations – Describe:
 - limitations in ability to ambulate
 - use of assistive devices or need for assistance from others to ambulate/ leave home
 - cognitive or behavioral conditions, sensory deficits
 - immunological indicators
- **What negative consequences or risks** could this patient incur - or how could their condition potentially worsen should they leave home?

Please fax the completed form to the Intake Department at 518-489-2532.

If you have any questions or needs for assistance in completing this form, please call the Intake Department at 489-268, and they will be happy to assist you.