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

- This form must be competed 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.