

Patient Name: _____ Patient DOB: _____
Date: _____

I. Orders for Qualifying Home Care Services Needed:

- | | |
|---|--|
| <p><input type="checkbox"/> Skilled Nursing for:</p> <ul style="list-style-type: none"> <input type="checkbox"/> wound care <input type="checkbox"/> medication management <input type="checkbox"/> treatments (specify below) <input type="checkbox"/> other _____ | <p><input type="checkbox"/> Physical Therapy for:</p> <ul style="list-style-type: none"> <input type="checkbox"/> plan/implement therapeutic exercises <input type="checkbox"/> therapeutic treatments (specify below) <input type="checkbox"/> strengthening/gait training <input type="checkbox"/> evaluate for OT <input type="checkbox"/> other _____ |
| <p><input type="checkbox"/> Speech Therapy for:</p> <ul style="list-style-type: none"> <input type="checkbox"/> restorative speech/language services <input type="checkbox"/> other _____ | <p>Additional Services needed:</p> <ul style="list-style-type: none"> <input type="checkbox"/> Occupational Therapy for _____ <input type="checkbox"/> Medical Social Work for _____ <input type="checkbox"/> Home Health Aide for _____ |

II. Describe how the patient's clinical findings as seen during this encounter support the need for skilled home care services. Medical Condition and Clinical Findings:

III. Please indicate physician's clinical findings which support patient's homebound status and explain why patient's medical condition results in an inability to leave the home: *(Include for example: medical/surgical restrictions, physical limitations, cognitive or behavioral conditions, sensory deficits, immunological indicators)*

I certify that I (or the NP or PA working with me) had a face to face encounter with this patient on the above date. I certify that Dr. _____ has agreed to provide oversight in the community. I certify that I have written the plan of care that initiated this referral.

Date service requested to start: _____

Physician Name (print): _____

Physician Signature: _____ Date: _____
(*Must be MD/DO signature)