

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

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

*\*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.

**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 (518) 489-2681, and they will be happy to assist you.