



## FACE TO FACE ENCOUNTER FORM

PATIENT:  
 DOB:  
 SS#  
 PHONE  
 DIAGNOSIS:

MEDICARE NO:  
 ADDRESS:  
 FACE TO FACE ENCOUNTER DATE:

**CLINICAL CONDITIONS: PATIENT IS TEMPORARILY HOMEBOUND SECONDARY TO:**

Status post joint replacement	Gait/balance deficits with high risk of falls
Status post-surgery with limited endurance, ability to perform ADL's	Medical restriction due to infections disease
New onset or exacerbation of diagnosis	Compromised respiratory status
Acute change in, or unstable, clinical condition	Compromised cardiac status
Pain management interfering with ADL's	Compromised neurological status
Complications of open wound	Others:

**HOME BOUND STATUS BECAUSE OF THE ABOVE ILLNESS OR INJURED:**

Needs the aid of supportive device(s)	Patient is bedbound
Crutches	Patient must use special transportation
Cane	Needs the assist of another person to safely leave their place of residence
Walker	Leaving home is medically contraindicated
Wheelchair	

**FOR THIS PATIENT THERE EXISTS A NORMAL INABILITY TO LEAVE HOME DUE TO THE FOLLOWING:**

Unable to tolerate standing or walking for extended periods	Weakness and pain from recent surgery
Requires the aid of crutches in order to walk	Narcotics impaired ability to safely leave home unassisted
Walker/cane dependent with painful ambulation	Balance impaired with potential for falls
Wheelchair required to leave home	Extended respiratory recovery after exertion
Uses walls and furniture to ambulate	Experiencing pain that impairs/restricts mobility
Requires human assist due to un	Visually impaired-requires constant attendance/assist
Unable to tolerate standing or walking for extended periods	Cognitively impaired, unable to safely leave home without assist
Bedbound and requires EMS transport	Infectious disease process causing weakness and exhaustion
Leaving home is exhausting, extended rest periods to recover	Others:

**FOR THIS PATIENT IT IS A CONSIDERABLE TAXING EFFORT TO LEAVE HOME DUE TO THE FOLLOWING:**

Exhausting to navigate vehicle and requires human assist	Fatiguing to arrange/use appropriate transportation
Leaving familiar causes fear and confusion	Requires assist to manage equipment and public transportation
Leaving home is strenuous requiring extended rest to recover	Activities restricted due to path limitations
Needs assistance to handle and transport equipment	Others:

**PHYSICIAN ORDER FOR SKILLED SERVICES:**

<b>SKILLED NURSING:</b> To assess disease process, symptom management, medication knowledge and compliance. Perform any procedures included on the plan of care. Provide education and training related to the medical condition.
<b>PHYSICAL THERAPY:</b> To evaluate and treat for functional deficits related to mobility, ROM, strength, balance, equipment needs and home deficits. Provide education and training based on functional deficits.
<b>OCCUPATIONAL THERAPY:</b> To evaluate and treat for functional deficits related to ADL's, ROM, strength, balance, equipment needs and home and home safety deficits. Provide education and training based on functional deficits.
<b>SPEECH THERAPY:</b> To evaluate and treat for functional deficits related to communication, cognitive and/or swallowing deficits. Provide education and training based on functional deficits.
<b>MEDICAL SOCIAL WORKER:</b> To assess psychosocial needs, environment and assist with community referrals, resources and counseling.
<b>HOME HEALTH AIDE:</b> To assist with hygiene and bathing.
<b>DME NEEDED:</b>

PHYSICIAN NAME: \_\_\_\_\_ PHONE NO: \_\_\_\_\_

FAX: \_\_\_\_\_ ADDRESS: \_\_\_\_\_

NPI: \_\_\_\_\_

PHYSICIAN SIGNATURE: \_\_\_\_\_