SOAR Home Care Specialists in Orthopedics and Recovery

285 N Castell Ave • New Braunfels, TX

830-214-6806 Office • 830-215-4980 Fax

www.soarhomecare.com

HOME HEALTH ORDER FORM

PATIENT NAME ______________________________ DOB ____________

SSN__________________ PRIMARY INSURANCE ______________________________

ADDRESS ____

PHONE__________________ ALT CONTACT (EMAIL/PHONE) ______________________

OFFICE CONTACT NAME__________________OFFICE CONTACT NUMBER ________________

PRIMARY DIAGNOSIS CODE/MEDICAL CONDITION ______________________________

List the primary reason(s) the patient requires home health care (ex. Knee OA, aftercare total knee/ total hip)

____

☐ SKILLED NURSING – EVAL & TREAT ☐ PHYSICAL THERAPY – EVAL & TREAT

SPECIAL INSTRUCTIONS/ ADDITIONAL ORDERS ______________________________

____

I certify that this patient is under my care and that I, or a Nurse Practitioner or PA working with me or a Physician who cared for the patient in an acute or post-acute facility had a face-to-face encounter related to the primary reason the patient requires home health that meets CMS requirements with this patient on:

Face-to-Face Encounter Date__________________

Please attach visit notes, discharge summaries, etc. that pertain to the primary reason for home health

Based on the above findings, I certify that this patient is confined to the home and requires intermittent skilled nursing and/or physical therapy. The patient is under my care, and I have initiated the establishment of the plan of care for home health.

Clinical Findings/ Homebound Status *(signs/symptoms exhibited by the patient, describe clinical/physical findings and functional limitations that result in the patient's inability to leave home)*______________________________

____

____

PHYSICIAN SIGNATURE ______________________ **DATE** ______________

PRINT PHYSICIAN NAME ______________________________

PLEASE INCLUDE PATIENT DEMOGRAPHICS, COPY OF INSURANCE CARD,
& MOST RECENT OFFICE VISIT NOTE WITH THIS ORDER

info@soarhomecare.com OR (F) 830-215-4980