

PHYSICIAN PROGRESS NOTE AND FACE-TO-FACE ENCOUNTER/HHC REFERRAL

PLEASE COMPLETE HIGHLIGHTED AREAS AND FAX TO SENIORS HOME HEALTH CARE INC.

FAX: 248-423-9444 PH: 248-423-9888

Patient:

First Name: _____ Last Name: _____ DOB: ____/____/____

Address: _____ Phone # _____

Medicare # _____ Other Insurance # _____

Name of physician/Medicare allowed non-physician practitioner (NPP) who performed the encounter:

Dr. _____ Date of Face-to-Face encounter: ____/____/____

NPI # _____

Is this encounter with the patient related to the primary reason the patient requires Home Health Services?

Yes

Subjective: _____

Objective: _____

Assessment/Diagnosis/Dx _____

Plan: This patient requires one or more of the following services (*Check all that apply*): Please specify the patient's need for skilled services.

- Skilled Nursing: Initial assessment and evaluation for home health care services
- Physical Therapy: Assessment/Evaluation
- Occupational Therapy: Assessment/Evaluation
- Speech Therapy: Assessment/Evaluation
- Home health aide
- Medical social worker

Homebound Status:

- This patient meets the Medicare definition of "Confined to the Home."
- Leaving home requires max assistance/taxing effort with another person help
- Unsteady gait
- Risk of fall
- Pain in Joints
- Leaving home is contraindication due to
- Generalize Muscle weakness
- Cognitive impairment
- Others

PHYSICIAN SIGNATURE _____ PHYSICIAN NAME _____ DATE _____

Address: _____ PH: _____ FX: _____