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PATIENT ADMIT ORDER FOR HOME HEALTH SERVICES

NAME: _____ DATE: _____

ADDRESS: _____

SSN: _____ DOB: _____

PHONE: _____

EMERGENCY CONTACT PERSON: _____ PHONE: _____

PCP: _____ PHONE: _____

INSURANCE

MEDICARE #: _____ MEDICAID: _____

OTHER INSURANCE: _____ POLICY #: _____

FLU VACCINE:
YES NO IF YES, DATE: _____

PNEUMONIA VACCINE:
YES NO IF YES, DATE: _____

WOUND CARE:
YES NO

Services Requested by Physician

Skilled Nursing

- Evaluation & Treat
- Diabetes Teaching
- Home Health Aide
- Wound Care
- Labs:
- Other:

Therapy

- Physical Therapy
- Occupational Therapy
- Speech Therapy
- Medical Social Services
- Evaluation & Treat

MEDICARE FACE-TO-FACE ENCOUNTER

I certify that this patient is under my care and that I, or a nurse practitioner/clinical nurse specialist/certified nurse-midwife or physician assistant working in collaboration with me or under my supervision, had a face-to-face visit encounter that meets the physician encounter requirements with this patient on: **Date of In-Person visit:** _____

Medical Condition: The encounter with this patient was directly related to the following medical condition, which is the primary reason for home health care: _____

Clinical Findings In Support of Patient's Eligibility: Provide a summary of clinical findings that support the patient's eligibility for home health services. The Face-to-Face visit findings must be related to the primary reason for home health admission.

- Skilled Nursing _____
- P.T/O.T _____
- S.T. _____
- MSW _____
- Home Health Aide _____

Statement of Homebound Status: I certify that the patient's clinical condition, as evidenced in the face-to-face encounter, supports that this patient is homebound (i.e., absences from home require considerable and taxing effort and are for medical reasons or religious services OR are infrequent or of short duration when for other reasons) due to:

PHYSICIAN SIGNATURE: _____ DATE: _____