Patient Care Form

Client Information and Consent

AT EASE
Home Health Care

Name _____

DOB _____ Last Lab work Done _____

Address _____

City, State, ZIP _____ Phone _____

Email _____ Referral Date ___/___/___

SSN _____ Insurance info (Attach a copy) _____

Physician's Name _____ Physician's Phone _____

DIAGNOSIS/ MEDICAL CONDITION

(List the diagnosis / medical conditions that are the primary reason the patient requires home health care.)

_____

(Describe services the nurse or therapist will perform in the home, e.g. assess, teach, wound care, gait training.)

- O Skilled Home nursing services
- O Home Physical Therapy Services
- O Occupational Therapy
- O Medical Social Services
- O Speech Therapy
- O Certified Home Health Aide
- O Medical Supplies & Durable Medical Equipment*
- O Mobile Laboratory Services *
- O X-ray and imaging services*
- O Mobile Podiatry Care*
- O Homebound Status: _____

*Services are offered through a contracted third party companies

CERTIFICATION FOR FACE-TO-FACE ENCOUNTER

I certify that this patient is under my care and that I, or a nurse practitioner or physician's assistant 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 ___/___/___

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

Doctor's Signature _____ Signature Date _____

Please complete and fax the following information (or attach demographics/ face sheet) and office visit note to (818) 616 - 6543*.
CMS reserves the right to request any or all medical records from physicians. Please retain supporting documentation such as discharge summary, last office visit note, and medication profile in your medical record.*

Our Office
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Hours Monday - Friday. 9:00am 4:00pm