

Physician Progress Note for Face to Face Encounter and Certification of Eligibility for Home Health Services

(Per Medicare regulations, this form cannot be filled out by the home health agency or anyone with a financial relationship to the home health agency.)

Patient Name: Homer Homecare Date of F2F Encounter: 10/5/2015 DOB: 8/2/1930

Information for Physician/NP/PA Conducting the Visit:

First and Last Name (please print): David Jones

Credentials: MD/DO/DPM NP/PA Other: _____

Medical diagnosis for which face to face encounter was conducted and for which home health care services were ordered:

CHF, Diabetes, Osteoarthritis

Patient Encounter Findings:

Subjective information:

Family overwhelmed with care and medications, avoid nursing home.

Objective information (physical exam findings, test results, progress/lack of progress, functional losses):

Ejection fraction 30%, new to oxygen, O2 sats 87%, A1C is 7.5; goal is <7, easily exerted with ADLs.

Homebound Status:

(Does not apply to Medicaid patients)

- Prior to this encounter, the patient was: Unable to safely leave home independently because of a medical condition
 Was able to leave home with minimal effort but there has been a change

The patient is now confined to the home because of the following medical conditions:

- Arthritis and weakness limits endurance and increases the risks for falls outside the home environment
 Unstable gait and muscle weakness due to _____
 Pain with activity which limits ADL due to arthritis back and knees
 Shortness of breath develops after ambulating short distances and requires frequent rest periods
 Cognitive deficits which impairs orientation, judgment, or decision making
 Develops chest pain with exertion related to _____
 Recent surgery has activity restrictions: _____
 It is medically contraindicated for the patient to leave home because: _____
 Patient is bedbound because _____

Because of the conditions cited above, one or more of the following types of assistance to leave home is normally required:

- Assistance of another person is required for the patient to safely leave the home
 Supportive Devices are required to safely leave the home: Cane Walker Wheelchair Crutches
 Special Transportation is required to leave the home: Transport Van Ambulance

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Plan:

<p>This patient requires skilled nursing to:</p>	<p>Teach the patient/caregiver to: <u>Manage medication, new meds for diabetes, oxygen.</u></p> <p><input type="checkbox"/> Administer the following: <input type="checkbox"/> IV <input type="checkbox"/> IM <input type="checkbox"/> SQ medication(s) that the patient/caregiver cannot safely administer: _____</p> <p><input checked="" type="checkbox"/> Provide skilled assessment and teaching of oral medications because:</p> <p><input type="checkbox"/> Regimen is highly complex <input type="checkbox"/> Patient is confused</p> <p><input checked="" type="checkbox"/> Patient has new medications ordered</p> <p><input type="checkbox"/> Patient is experiencing side effects</p> <p><input checked="" type="checkbox"/> Non-adherence to medication regimen is suspected</p> <p><input type="checkbox"/> other (explain): _____</p> <p><input type="checkbox"/> Administer infusion therapy that the patient/caregiver cannot safely administer</p> <p><input type="checkbox"/> Perform skilled: <input type="checkbox"/> Wound Care <input type="checkbox"/> Catheter Care <input type="checkbox"/> Ostomy Care that the patient/caregiver cannot administer or there is no caregiver available to render the care.</p> <p><input checked="" type="checkbox"/> Instruct on Disease Management: <u>CHF, diabetes</u></p> <p><input checked="" type="checkbox"/> Assess and provide instruction on pain management</p> <p><input checked="" type="checkbox"/> Other: <u>oxygen safety at home</u></p>
<p>This patient requires:</p> <p><input checked="" type="checkbox"/> Physical Therapy</p> <p><input checked="" type="checkbox"/> Occupational Therapy</p> <p><input type="checkbox"/> Speech Language Pathology</p>	<p><input checked="" type="checkbox"/> To assess and provide instruction on improving functional mobility at home</p> <p><input checked="" type="checkbox"/> To assess and provide gait training, strengthening, and/or balance exercises to restore the patient's ability to ambulate or transfer safely</p> <p><input type="checkbox"/> To teach patient and caregivers on non-pharmacologic pain reduction techniques and strategies</p> <p><input type="checkbox"/> To increase strength and endurance and restore range of motion post-surgery Surgical procedure: _____</p> <p><input checked="" type="checkbox"/> To evaluate the need for assistive/adaptive devices or environmental modifications needed to address functional deficits and improve safety in performing ADLs</p> <p><input checked="" type="checkbox"/> To provide and instruct on home exercise program</p> <p><input type="checkbox"/> To assess and provide instruction on managing dysphagia safely</p> <p><input type="checkbox"/> To assess and provide instruction on managing aphasia and other language disorders</p> <p><input checked="" type="checkbox"/> Other (describe): <u>Evaluate if OT necessary for dressing, energy conservation.</u></p>
<p>This patient requires:</p> <p><input type="checkbox"/> MSW</p> <p><input checked="" type="checkbox"/> HHA</p>	<p>Describe why the patient needs these additional services: <u>Cannot perform ADLs independently</u></p>

Signature of Physician, Podiatrist, Nurse Practitioner, or Physician Assistant Completing the Encounter Documentation:

David Jones, MD

10/5/2015

(Include Hand Written Date)

After signing this form, please place a copy in the patient's medical record and fax a copy to Advocate at Home at 630.368.5930.