

PHYSICIAN ORDERS			
WRITTEN		Noted by Nurse	Dispensing under a nonproprietary name is permissible unless it is initialized in this column for each medication ordered.
Date	Hour		DISCHARGE TO HOME CARE ORDERS
		1.	Due to Face-to-Face Encounter: I verify that this patient is under my care and that I, or an allowed non-physician practitioner working with me, had a face-to-face encounter with the patient on the date specified below. (Approved non-physician practitioners are PAs, NP, CNSs, and nurse midwives.) Month/Day/Year: _____
		2.	The encounter with the patient was, in whole or in part, for the following medical condition, which is the primary reason for the home health care. List Medical Condition(s): _____ _____
		3.	Based on the clinical findings of this encounter, the following services are medically necessary. () Skilled Nursing for: _____ () Physical therapy for: _____ () Speech Therapy for: _____ () Occupational Therapy for: _____
		4.	Based on the clinical findings of this encounter, the patient has a need for these skilled services because: _____ _____ _____
		5.	CMS defines Homebound as: Leaving home is a considerable and taxing effort, typically unable to leave home unassisted; absences from home are to get medical care, or for short, infrequent non-medical reasons such as a trip to get a haircut, attend religious services, or adult day care. Based on clinical findings of this encounter, this patient meets the definition of home-bound because:
			Physician Signature Date/Time

Home Health Coordinator

Fax: (620)724.4790

Phone (620) 724.8469