

PHYSICIAN ORDERS			
WRITTEN		Noted by Nurse	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 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/Tir

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