



OFFICE: 361-334-3361 FAX: 361-334-7322

REFERRAL/FACE TO FACE ENCOUNTER/ADMISSION ORDER FORM

PATIENT INFORMATION

NAME LAST: FIRST: MIDDLE: ADDRESS: CITY: STATE: ZIP: DOB: GENDER: SOCIAL_SECURITY#: PHONE: ALTERNATE #:

INSURANCE INFORMATION

MEDICARE#: MEDICAID #:

PHYSICIAN INFORMATION:

MD NAME: NPI: ADDRESS: CITY: STATE: ZIP: PHONE: FAX:

FACE TO FACE ENCOUNTER

THE ENCOUNTER WITH THE PATIENT WAS IN WHOLE, OR IN PART, FOR THE FOLLOWING MEDICAL CONDITION, WHICH IS THE PRIMARY REASON FOR HOME HEALTH SERVICES. THE FACE TO FACE VISIT FINDINGS MUST BE RELATED TO THE PRIMARY REASON FOR HOME HEALTH ADMISSION.

DATE OF IN PERSON VISIT : DIAGNOSIS:

SERVICES REQUESTED : SN: HHA: PT: OT: ST: WC:

MY CLINICAL FINDINGS SUPPORT THE PATIENT'S ELIGIBILITY FOR HOME HEALTH SERVICES, INCLUDING SPECIFIC NEED FOR INTERMITTENT SKILLED NURSING AND/OR THERAPY SERVICES:

I CERTIFY THAT MY CLINICAL FINDINGS, AS EVIDENCED IN THE FACE TO FACE ENCOUNTER, SUPPORT 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:

F2F MUST INCLUDE LAST MD VISIT NOTE/LABS, MEDICATION AND OR ANY ADDITIONAL ORDERS

EXAMPLES OF COMPLIANT FACE TO FACE ENCOUNTER DOCUMENTATION

THIS INFORMATION MAY BE USED AS A RESOURCE FOR COMPLETING THE FACE TO FACE ENCOUNTER FORM, BUT IT MAY NOT BE USED AS A SUBSTITUTE FOR THE FORM.

NOTE: PHYSICIAN ASSISTANTS AND NURSE PRACTITIONERS MAY PERFORM THE ENCOUNTER VISIT AND COMPLETE THE FORM, BUT IT MUST BE SIGNED BY AN MD, DO OR DPM.

PATIENT NEEDS: (EXAMPLES)

SKILLED NURSING	PHYSICAL THERAPY	OCCUPATIONAL THERAPY	SPEECH THERAPY
MEDICATION MANAGEMENT	HOME EXERCISE PROGRAM	ADL TRAINING	SWALLOWING
TEACH DISEASE SYMPTOM MANAGEMENT	GAIT TRAINING	ADAPTIVE EQUIPMENT	COMMUNICATION TECHNIQUES
WOUND CARE	STRENGTHENING	ROM AND STRENGTHENING UPPER EXTREMITIES	APHASIA
PAIN MANAGEMENT	BALANCE AND COORDINATION		DYSPHAGIA
DYPCATHETER TEACHING AND CARE	PAIN MANAGEMENT		VOICE CONTROL AND PRODUCTION

MEDICAL CONDITION (S) THAT NECESSITATE HOME CARE SERVICES:

WHAT DIAGNOSIS DO THE HOME CARE SERVICES RELATE TO?

CLINICAL FINDING AND FUNCTIONAL DEFICITS (HOMEBOUND REASONS)

EXAMPLES:

- UNSTEADY GAIT, FREQUENT FALLS, POOR BALANCE
- ASSISTANCE OF 1-2 PEOPLE TO AMBULATE/TRANSFER DAILY
- REQUIRES A WALKER, WHEELCHAIR, STAND BY ASSIST
- DYSPNEA AT REST, DYSPNEA WITH AMBULATION GREATER THAN _____ FEET
- UNABLE TO LEAVE HOME UNASSISTED DUE TO MENTAL CONFUSION, PSYCHOLOGICAL IMPAIRMENT
- MEDICALLY CONTRAINDICATED DUE TO RECENT SURGERY
- MEDICALLY CONTRAINDICATED DUE TO INFECTION, DRAINING, COMPLICATED WOUND
- MEDICALLY CONTRAINDICATED DUE TO IMMUNOSUPPRESSION, SERIOUS INFECTION RISK
- BED-BOUND, CHAIR BOUND

THANK YOU FOR YOUR REFERRAL AND ATTENTION TO CMS GUIDELINES