

FAX: (877) 567-4268 PHONE: (877) 567-4265

**1.) Patient Name and Date of 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, had a Face-to-Face encounter that meets the Physician Face-to-Face encounter requirements with this patient.

\_\_\_\_\_

Patient Name

\_\_\_\_\_  
Date of Face to Face Encounter

**2.) Reason that the patient is Homebound**

I certify that my clinical findings support that this patient is homebound for the reason(s) described below:

\_\_\_\_\_

**3.) Reason for the Face to Face Encounter (Medical Condition)**

The encounter with the patient was in whole, or in part, for the following medical condition(s), which is the primary reason for Home Health Care:

\_\_\_\_\_

**4.) Why the patient needs Home Health Care.** My clinical findings support the need for the above services because:

\_\_\_\_\_

**5.) Physician's Home Health Order (Skilled Nursing and/or Physical Therapy are required to initiate Home Health Care)**

I certify that, based on my findings, the following services are medically necessary Home Health Services (Check all that apply):

*By selecting one of the Programs below, Lorian will develop a Plan of Care with the relevant clinical services outlined on the back of this form.*

<input type="checkbox"/> Fall Prevention Program	<input type="checkbox"/> Diabetes Program	<input type="checkbox"/> CHF Program	<input type="checkbox"/> COPD Program	
<input type="checkbox"/> <b>Skilled Nursing</b>			<input type="checkbox"/> <b>Physical Therapy</b>	
<input type="checkbox"/> Home Safety Evaluation <input type="checkbox"/> Medication Teaching / Mgt <input type="checkbox"/> Disease Education / Mgt <input type="checkbox"/> Diabetic Teaching / Mgt <input type="checkbox"/> Diabetic Foot Care <input type="checkbox"/> Wound Care <input type="checkbox"/> Pressure Ulcer Care <input type="checkbox"/> Wound Vac	<input type="checkbox"/> IV Antibiotics / Medications <input type="checkbox"/> Eval for Urinary Tract Infection <input type="checkbox"/> Nutrition Education <input type="checkbox"/> Pain Management <input type="checkbox"/> PT / INR <input type="checkbox"/> Respiratory Care <input type="checkbox"/> Cardiac Care <input type="checkbox"/> Other: _____	<input type="checkbox"/> Telehealth Evaluation for the following: <input type="checkbox"/> Blood Pressure Monitor - Includes Symptom Monitoring <input type="checkbox"/> Scale - 500 lb limit <input type="checkbox"/> Glucometer - Includes Custom Test Strips <input type="checkbox"/> Pulse Oximeter	<input type="checkbox"/> Fall Risk <input type="checkbox"/> Weakness / Endurance <input type="checkbox"/> Ambulation / Gait <input type="checkbox"/> Balance / Transfer Techniques <input type="checkbox"/> TUG Score if Available: _____ <input type="checkbox"/> Bed Mobility <input type="checkbox"/> DME: _____ Patient Height: _____ Weight: _____	
<input type="checkbox"/> <b>Occupational Therapy</b>	<input type="checkbox"/> <b>Speech Therapy</b>	<input type="checkbox"/> <b>MSW</b>	<input type="checkbox"/> <b>Home Health Aide</b>	
<input type="checkbox"/> ADL's <input type="checkbox"/> Energy Conservation <input type="checkbox"/> Range of Motion	<input type="checkbox"/> Swallowing <input type="checkbox"/> Hearing <input type="checkbox"/> Cognition	<input type="checkbox"/> Community Resources <input type="checkbox"/> Unsafe Environment <input type="checkbox"/> In-Home Assistance	<input type="checkbox"/> Bathing / Hygiene <input type="checkbox"/> Personal Care Needs	
<input type="checkbox"/> <b>Reg Dietitian</b>				
<input type="checkbox"/> Nutrition Education <input type="checkbox"/> Meal Planning				

**Specific Orders / Comments**

\_\_\_\_\_

Name of Physician conducting the Face to Face Encounter (print)

Physician Signature (do not use stamp)

Date (do not use stamp)

Name of Physician Signing the Plan of Care (If Different)

Physician Signature (do not use stamp)

Date (do not use stamp)

The tables below provide an outline of the possible clinical disciplines that can be applied to patients with these specific conditions.

A Lorian Health clinician will perform a thorough assessment during the initial visit to determine which clinical disciplines are required to achieve the best possible outcome.

Fall Prevention Program	
Clinical Discipline	Service Performed / Condition(s) Addressed
Skilled Nursing	- Fall Risk Education - Medication Teaching - Check Vitals
Registered Dietician	Dietary Education that addresses the nutrition requirements to maintain strength and balance
Physical Therapy	Safety, Strength and Endurance
Occupational Therapy	- Energy Conservation Techniques - Range of Motion Exercises - Improve function with Activities of Daily Living (ADL's)
Speech Therapy	- Address hearing complications, which can affect balance. - Help patients with cognitive impairment.
Medical Social Worker (MSW)	Provide Community Resources for: Depression, Abuse, Safety

Diabetes Program	
Clinical Discipline	Service Performed / Condition(s) Addressed
Skilled Nursing	- Disease Education and Medication Teaching - Check Vitals - Wound Care if needed
Registered Dietician	Dietary Education that addresses how starches, sugars and carbohydrates affect people with Diabetes
Physical Therapy	Safety, Strength and Endurance
Occupational Therapy	- Energy Conservation Techniques - Range of Motion Exercises - Improve function with Activities of Daily Living (ADL's)
Speech Therapy	- Work with Patients who have hearing complications. - Help patients with cognitive impairment.
Medical Social Worker (MSW)	Provide Community Resources for: Depression, Abuse, Safety

CHF Program	
Clinical Discipline	Service Performed / Condition(s) Addressed
Skilled Nursing	- Disease Education - Medication Teaching - Check Vitals, particularly weight
Registered Dietician	Dietary Education that explains how foods can affect fluid retention which can strain the heart
Physical Therapy	Safety, Strength and Endurance
Occupational Therapy	- Energy Conservation Techniques - Range of Motion Exercises - Improve function with Activities of Daily Living (ADL's)
Speech Therapy	- Work with Patients who have hearing complications. - Help patients with cognitive impairment.
Medical Social Worker (MSW)	Provide Community Resources for: Depression, Abuse, Safety

COPD Program	
Clinical Discipline	Service Performed / Condition(s) Addressed
Skilled Nursing	- Disease Education and Teaching - Check Vitals - Wound Care
Registered Dietician	Dietary Education that explains the need for sufficient calories to maintain strength and endurance
Physical Therapy	Safety, Strength and Endurance
Occupational Therapy	- Energy Conservation Techniques - Range of Motion Exercises - Improve function with Activities of Daily Living (ADL's)
Speech Therapy	- Work with Patients who have hearing complications. - Help patients with cognitive impairment
Medical Social Worker (MSW)	Provide Community Resources for: Depression, Abuse, Safety