

## Guide to Completing our Referral Document



Demographics:

> Please fill in the patient's name & attach the demographics / complete the section.



Date of Visit:

> Visit upon when Physician determined Home Health was needed.



The encounter with this patient was in whole or in part for the following **medical condition/diagnosis** which is the primary reason for home health care:

> Please input the diagnoses.



My clinical findings support the **need** for the Home Health **services**:

1. Please check off services the Physician is ordering for the patient.
2. Include what specifically should be done & why.

Examples:

- SN for observation & assessment of surgical wound.
- SN for observation to assess breath sounds & respiration status.
- SN for observation & assessment of vital signs & to educate on updated medication regimen.
- PT to improve limited knee range of motion & safety of ambulation following knee replacement.
- PT for gait training due to poor balance; patient had fall within the last week.
- PT & OT to improve gait & ability to perform self-care activities due to CVA.



**Homebound Criteria 1:** Because of illness or injury, patient needs the aid of supportive devices such as crutches, canes, wheelchairs, and walkers; the use of special transportation; or the assistance of another person in order to leave their place of residence. Please specify:

> Please list the physical aides the patient utilizes.

**OR**

**Homebound Criteria 1:** Please specify a condition in which leaving his/her home is medically contraindicated.

> Examples:

- Weight bearing restrictions due to surgery
- Stress & physical activity must be avoided due to arteriosclerotic heart disease



**Homebound Criteria 2:** What causes the patient the inability to leave the home? **AND** Why does leaving the home require a considerable & taxing effort?

> Examples: paralyzed from stroke/injury, blind, senile

> Examples:

- Unsteady gait, poor ambulation with history of falls (2 falls in last month)
- SOB with minimal exertion
- Impaired gait resulting from decreased range of motion & joint replacement



Attending **Physician's** Signature



Date Signed

because being home  
is always better