Patient Form

HOMECARE MARYLAND REFERRAL FORM

CMS may request medical records from Physicians. Please retain supporting documentation such as d/c summary, labs, last office visit note and medication profile in your medical record.

Please complete and the following information (or attach demographics / face sheet) and office visit note below.

PATIENT INFORMATION

Patient Name: ______________________ SSN: ______________________

Date of Birth: ______________________ ☐ M ☐ F Address: ______________________

Phone: ______________________ City, State, Zip: ______________________

Emergency Contact Name: ______________________ Last Flu Vaccine Date: ______________________

Emergency Contact's Number: ______________________ Referral Date: ______________________

Primary Care Physician: ______________________ Insurance Information: ______________________ *(or attach copy)*

Primary Care Physician Number: ______________________

Office Contact Name: ______________________ Office Contact Number: ______________________

DIAGNOSIS / MEDICAL CONDITION: *(List the diagnosis / medical conditions that are the primary reason the patient requires home health care.)*

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SKILLED SERVICES / INTERVENTIONS: *(Describe services the nurse or therapist will perform in the home, e.g. assess, teach, wound care, gait training.)*

☐ Skilled Nursing for: ______________________ ☐ Occupational Therapy: ______________________

☐ Physical Therapy for: ______________________ ☐ Social Work: ______________________

☐ Speech Therapy for: ______________________ ☐ Home Health Aide: ______________________

ADDITIONAL ORDERS: ______________________

OPTIONAL PHYSICIAN DOCUMENTATION

This section is provided for the physician's convenience and record keeping in the event of a Medicare audit.

CLINICAL FINDINGS: *(Signs and symptoms of medical condition exhibited by the patient during the encounter that support the need for all services listed above.)*

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HOMEBOUND STATUS: *(Describe the clinical and / or physical findings and the functional limitations that result in the patient's normal inability to leave home.)*

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