



Central Coast Home Health

FAX: (805) 543-2224

"Patient seen within 24 hours."

START OF CARE ORDERS

Dr. _____

PATIENT INFORMATION

Patient Name: _____ Male Female
 Address: _____ Contact Phone: _____
 City: _____ State: _____ Zip: _____
 DOB: ___/___/___ SSN: _____ Allergies: _____

INSURANCE INFORMATION

Medicare Other: _____ ID#: _____

I CERTIFY THAT, BASED ON FINDINGS, THE FOLLOWING SERVICES ARE MEDICALLY NECESSARY (check all that apply):

Skilled Nursing <input type="checkbox"/> Medication Management <input type="checkbox"/> Pain Management <input type="checkbox"/> Cardiac Care <input type="checkbox"/> Diabetic Management <input type="checkbox"/> Respiratory <input type="checkbox"/> Other: _____	Physical Therapy <input type="checkbox"/> Weakness <input type="checkbox"/> Ambulation/Gait Training <input type="checkbox"/> Transfers <input type="checkbox"/> Wheelchair Mobility <input type="checkbox"/> Fall Risk <input type="checkbox"/> Range of Motion <input type="checkbox"/> Parkinson's Wellness Program	Speech Therapy <input type="checkbox"/> Dysphasia (speech) <input type="checkbox"/> Dysphagia (swallowing) <input type="checkbox"/> Impaired Cognition <input type="checkbox"/> Other: _____
Labs <input type="checkbox"/> CBC <input type="checkbox"/> UA <input type="checkbox"/> CMP <input type="checkbox"/> PT/INR <input type="checkbox"/> BMP <input type="checkbox"/> Other	Other <input type="checkbox"/> Wound Care <input type="checkbox"/> Palliative Care Program <input type="checkbox"/> Lymphedema Therapy	
<input type="checkbox"/> Occupational Therapy <input type="checkbox"/> Registered Dietitian <input type="checkbox"/> Medical Social Worker		

Comments: _____

PLEASE INCLUDE PROGRESS NOTES, MEDICAL RECORDS AND THE FACE TO FACE DATE

FACE TO FACE ENCOUNTER

I CERTIFY THAT THIS PATIENT IS UNDER MY CARE AND THAT I, MY NP OR PA HAD A FACE TO FACE ENCOUNTER ON:

➡ **FACE-TO-FACE DATE:** ___/___/___

DIAGNOSES: _____

HOMEBOUND STATUS: _____

X _____ **X** _____
Physician's Signature/Verbal Orders by **Date**