

# Sample Face-to-Face Encounter

\*\*TO BE COMPLETED BY THE ORDERING PHYSICIAN\*\*

## Face to Face Encounter

Patient Name: \_\_\_\_\_  
 Primary Diagnosis: Subdural Hematoma.

Date of Birth:             
 Date of Encounter: 3/3/16

**Medical Condition Related to Home Health Services**

Describe the patient's medical condition and the primary reason for skilled home health care:  
Fall 1 wk ago - needs PT for gait stability

**Certification of Medical Necessity**

I certify that based on my clinical findings the following services are medically necessary home health services (check all that apply):

- Skilled Nursing  
  Speech Therapy  
  Physical Therapy  
  Occupational Therapy  
  Other (see below)

**Certification of Homebound Status**

My clinical findings from this encounter support the patient is homebound due to:  
leaving home requires considerable and taxing effort

## Home Health Order

- Skilled Nursing  
  Speech Therapy  
  Physical Therapy  
  Occupational Therapy  
  Home Aide  
  Social Work

**Skilled Nursing Services**

- Home Skilled Nursing: Eval & Treat  
 Medication Compliance & Teaching  
 Line Access Care & Supplies  
      PICC    PAC    Vascath  
 PleurX Care & Supplies  
 TPN Care (attach nutrition note)  
 G-tube Care & Supplies  
 Wound Care Instructions:

**Home IV Antibiotics**

- 1) \_\_\_\_\_  
     a. Start Date: \_\_\_/\_\_\_/\_\_\_  
     b. End Date: \_\_\_/\_\_\_/\_\_\_
- 2) \_\_\_\_\_  
     a. Start Date: \_\_\_/\_\_\_/\_\_\_  
     b. End Date: \_\_\_/\_\_\_/\_\_\_

**Home IV Fluids**

- 1) \_\_\_\_\_  
     a. Start Date: \_\_\_/\_\_\_/\_\_\_  
     b. End Date: \_\_\_/\_\_\_/\_\_\_

**Durable Medical Equipment**

- Wheelchair    Hospital Bed  
 Wound Vac    BIPAP  
 CPAP    \_\_\_\_\_  
 (may require additional paperwork)

**Home Oxygen**

- Diagnosis: \_\_\_\_\_  
 Flow Rate: \_\_\_\_\_  
 Portable Tank  
 Conserving Device at setting  
 of \_\_\_\_\_ OR  
 Evaluate for Conserving  
 Device to keep stats > \_\_\_%

**Qualifying Oxygen Sats:**

- \_\_\_% without oxygen, resting  
 \_\_\_% without oxygen, on exertion  
 \_\_\_% with oxygen, resting  
 \_\_\_% with oxygen, on exertion

**Labs/Home Blood Draws**

- Chem-7 (Basic Chem Panel)  
 CBC            With Diff  
 Uric Acid    Vancomycin Level  
 LFT's        Phos  
 Mag          INR  
 LDH          Other:

Labs Start: \_\_\_/\_\_\_/\_\_\_ Frequency: \_\_\_\_\_

Fax Results to Dr. \_\_\_\_\_

Fax #: \_\_\_\_\_

Physician Signature: \_\_\_\_\_

Physician Printed Name: \_\_\_\_\_

Primary Care Physician (for follow up, \_\_\_\_\_

Date: 3/3/16

NPI #:       

PCP Phone: