



Physician Progress Note and Certification of Eligibility for Home Health Services including Face-to-Face Encounter

The Medicare regulations do not allow for anyone with a financial relationship or the home health agency to complete this document.

Patient's Name

Face-to-Face Date

DOB

Physician/Medical Professional completing this Visit:

_____ ☐ MD ☐ DO ☐ DPM ☐ NP ☐ PA

List the medical diagnosis for which face-to-face was completed and home health services were ordered: _____

Findings Subjective/Objective: _____

Homebound Status: ONLY applies to Medicare Patients

Prior to this face-to-face encounter the patient was:

- ☐ Homebound, unable to safely leave home independently secondary to medical conditions
- ☐ Able to leave home with minimal effort. However, there has been a change.
- ☐ Other: _____

Now the patient is confined to home because of the following:

- ☐ Arthritis
- ☐ Unsteady/unstable gait, fall risk
- ☐ Pain with activity limits mobility
- ☐ Shortness of breath after ambulating a short distance and frequent periods of rest needed
- ☐ Cognitive deficits impair orientation, judgment and decision-making abilities
- ☐ Chest pain with exertion
- ☐ Activity restrictions secondary to recent surgical procedure
- ☐ Patient is bed bound because: _____
- ☐ Other: _____

Secondary to the patient's medical conditions listed in this face-to-face, below are the assistance types required for the patient to leave home normally:

- ☐ Assistance of another person is needed for the patient to safely leave the home
- ☐ Supportive devices are needed: ☐ Cane ☐ Walker ☐ Wheelchair ☐ Crutches
- ☐ Special transportation is required: ☐ Medical Transport Van ☐ Ambulance



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Treatment Plan

Patient requires **SKILLED NURSING**:

- ☐ Caregiver/Patient education/teachings for:_____
- ☐ Provide skilled assessment/oversight and teachings of medications.
 - ☐ Patient is confused/cognitive deficits
 - ☐ New Medication(s) ordered
 - ☐ Patient experiencing side effects
 - ☐ Other (explain):_____

- Patient requires: ☐ Physical Therapy ☐ Occupational Therapy ☐ Speech-Language Therapy
- ☐ Assess and provide instruction on improving functional mobility
 - ☐ Assess and provide gait training, strengthening and/or balance exercises to restore the patient's ability to ambulate or transfer safely
 - ☐ Teach/educate patient/caregivers pain reduction techniques
 - ☐ Evaluate the need for adaptive/assistive devices or modifications to improve safety in performing ADLs
 - ☐ Provide and instruct a home exercise plan (HEP)
 - ☐ Assess and provide instruction on managing dysphagia, aphasia or any other language disorders
 - ☐ Other:_____

Patient requires: ☐ Medical Social Worker ☐ Home Health Aide

Describe the need for these services:_____

Signature of Medical Professional Completing the Encounter **Date of Encounter**

Credentials: ☐MD ☐DO ☐DPM ☐NP ☐PA

*Once this form has been completed, please place a copy in the patient's chart and fax a copy to **(630) 908-4837**. Thank you!*

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