



# Pioneer Home Health of Stokes

A Division of Pioneer Health Services

**FAX TO: 336-593-2658 PHONE: 336-593-2642**

## **HOME HEALTH REFERRAL FORM**

(A FACE TO FACE VISIT WITH PHYSICIAN or NON-PHYSICIAN PRACTITIONER (NPP) MUST BE COMPLETED WITHIN 90 DAYS PRIOR TO OR 30 DAYS AFTER HOME HEALTH ADMISSION TO SERVICES FOR THE SAME REASON AS THE FACE TO FACE VISIT)

**(Referral source required to maintain a copy of this completed form in patients' medical record)**

Patient Name: \_\_\_\_\_ DOB: \_\_\_\_\_

**Have attached the following information:**

- Demographic Sheet with address/ phone/ SSN/ alternate contacts
- Insurance information
- Current Medication/ allergy list/ Hgb A1c if patient a diabetic
- At least one of the following current: visit note, discharge summary, progress note or dc summary

Preferred Start of care date (if applicable) \_\_\_\_\_  
(If no date preferred, pt to be offered a visit within 48 hours of referral information)

Name of physician/ Medicare allowed non-physician practitioner (NPP) who performed the face to face encounter: \_\_\_\_\_ Date of the Encounter: \_\_\_\_/\_\_\_\_/\_\_\_\_

The encounter with the patient was related to the primary reason the patient requires Home Health services? (Circle one) Yes No

(Examples of appropriate Home Health need): wound care, COPD exacerbation, pneumonia, CHF exacerbation, uncontrolled Diabetes, gait abnormality/ dizziness, neuro disorder affecting safety, new dx monitoring / teaching, medication teaching/ monitoring of effectiveness, recent hospitalization/ deconditioning, recent fall, recent surgery, IV therapy, any disease process that pt is requiring some education and/or monitoring)

Primary Dx/ reason(s) for Home Health: \_\_\_\_\_

- MD or NPP to complete items 1-3 or opt to include data in attachments:

**1. Subjective:**

\_\_\_\_\_

**2. Objective:**

\_\_\_\_\_

**3. Assessment:**

\_\_\_\_\_



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**4. Plan/Orders:** (MD/NPP must specify the skilled need for Home Health services. OT alone, not a qualifying service for Medicare) (i.e. SN to monitor/teach Diabetes management due to uncontrolled status; PT for gait training/strengthening due to frequent falls/poor balance)

SN:

\_\_\_\_\_

Wound care, if applicable:

PT:

OT:

ST:

*Medicare Definition of Confined to the home (i.e., homebound)*

*The patient is considered to be homebound if the following two criteria are met:*

- 1. The patient, because of illness or injury, needs the aid of supportive devices such as crutches, canes, wheelchairs, and walkers; requires the use of special transportation; or the assistance of another person in order to leave their place of residence; OR have a condition such that leaving his/ her home is medically contraindicated, AND*
- 2. There must exist a normal inability to leave the home, AND if the patient does leave the home, it requires a considerable and taxing effort.*

*If the patient does in fact leave the home, the patient may nevertheless be considered homebound if the absences from the home are infrequent or for periods of relatively short duration, or are attributable to the need to receive health care treatment or for religious reasons.*

Based on the Medicare Definition of “Confined to the Home” (i.e. Homebound):

This patient meets the Medicare definition of “Confined to the Home”. Please specify why the patient meets this definition:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**MD Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_