

**PATIENT REFERRAL INFORMATION**

When a doctor writes an order for home health care, it should include the following essential details:

1. **Patient Information**
   * Full name
   * Address
   * Telephone Number
   * Date of birth
2. **Physician Information**
   * Physician’s name
   * Address
   * Contact information (phone, fax)
   * National Provider Identifier (NPI)
3. **Diagnosis**
   * Primary and secondary diagnoses related to the need for home health care
4. **Specific Services Ordered**
   * Type of service(s) needed (e.g., skilled nursing, physical therapy, occupational therapy, speech therapy, home health aide, medical social work)
   * For Assessment and Treatment (Must be written on the order)
5. **Reason for Home Health Care**
   * Justification for why the patient requires home health services (e.g., post-surgical care, chronic illness management, wound care, medication management)
6. **Orders for Specific Treatments**
   * Any wound care instructions
   * Medication administration orders (if applicable)
   * Therapy goals or specific interventions
7. **Certification of Homebound Status** (Required for Medicare)
   * Statement confirming the patient is "homebound" and meets Medicare criteria (e.g., "Patient requires assistance to leave home and leaving home requires considerable effort.")
8. **Signature and Date**
   * Physician’s signature
   * Date the order was written

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### **PHYSICIAN ORDER FOR HOME HEALTH SERVICES**

**Patient Name:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  
**Patient Address:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Telephone Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Date of Birth:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Physician Name:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Physician Address:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  
**Physician Phone:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Fax:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Physician NPI:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

### **Diagnosis & Medical Necessity**

**Primary Diagnosis:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  
**Secondary Diagnosis(es):** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  
**Reason for Home Health Services:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

### **Ordered Home Health Services**

☐ **Skilled Nursing**

☐ **Physical Therapy**

☐ **Occupational Therapy**   
☐ **Speech Therapy**

☐ **Home Health Aide**

☐ **Medical Social Work**

### **Specific Treatment Orders**

(e.g., wound care, medication management, catheter care, diabetes management)

### **Homebound Status Certification** (Required for Medicare patients)

**Homebound Status Certification *(Required for Medicare patients)***

☐ Patient is homebound and meets Medicare criteria as follows:

* Patient has a medical condition or injury that makes leaving home a taxing effort.
* Patient requires [assistive device/assistance] for mobility and/or has a medical contraindication to leaving home.
* Absences from home are infrequent and limited to medical care, religious services, or brief necessary outings.

### **Physician Certification**

I certify that the above services are medically necessary and required for the patient's care at home.

**Physician Signature:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_