



**HOME HEALTH ORDER
FAX REFERRAL TO: 512-847-6121**

201 FM 3237 Ste.123,
WIMBERLEY, TEXAS 78676
OFFICE PHONE: 512-847-7080

Today's Date: _____ **Face to Face Date:** _____

Patient Name: _____ **DOB:** _____

Patient Address: _____ **City:** _____ **Phone:** _____

Medicare/Insurance Information: _____

PLEASE INCLUDE DEMOGRAPHICS, HISTORY AND PHYSICAL

Face to Face Documentation:

➔ Medical Condition/Primary Diagnosis:

➔ Clinical Findings/Patient's need for skilled home health/special instructions, (i.e., teaching and training, energy conservation, gait/balance training, wound care):

➔ Homebound Status (i.e., unable to drive, leaving home requires considerable and taxing effort):

Services Ordered:

- Home Health Assessment
- Skilled Nursing Eval & Treat
- Physical Therapy Eval & Treat
- Occupational Therapy Eval & Treat

- Speech Therapy Eval & Treat
- Health Aide
- Home Safety/Fall Prevention
- Other: _____

Contact Person: _____

Phone: _____

Physician's Name (Print): _____

Physician's Signature: _____