

## Documentation of Face to Face Encounter & Order for Services

Patient Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Date of Face to Face Encounter:

_____/_____/_____ Month Day Year
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The encounter with the patient was in whole, or in part, for the following medical condition(s), which is (are) the primary reason for home health care

**List medical diagnoses and/or co-morbidities:**

I certify that, based on my findings, the following services are medically necessary home health services

**(Check all that apply and why):**

**Skilled Nursing**

To provide the following care/treatment: \_\_\_\_\_

**Physical Therapy**

To provide the following care/treatment: \_\_\_\_\_

**Speech Therapy**

To provide the following care/treatment: \_\_\_\_\_

**Other** \_\_\_\_\_

**Describe in a narrative why patient needs skilled services AND why the patient is confined to the home:**

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

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

*(If requested: Co-Signature-I have reviewed this encounter and accept this as the face to face encounter.*

Home Care Physician Signature: \_\_\_\_\_ Date: \_\_\_\_\_