CareMetrix Home Health
22024 Lassen Street
Suite 100
Chatsworth, CA 91311

caremetrix

PHYSICIAN REFERRAL

Phone (818) 812-9693
Fax (818) 812-9698

Physician Signing Home Health Care Orders

Physician Name: ______________________ Office Contact: ______________________

Address: ______________________ City: ______________ State: ________ Zip: ________

Phone: ______________ Fax: ______________ License #: ______________ NPI: ______________

Patient Information

Patient Name: ______________________ DOB: ______________ Age: ______ Sex: ________

Address: ______________________ City: ______________ State: ________ Zip: ________

Phone: ______________ Fax: ______________ Social Security : ______________

Primary Caregiver: ______________ Rlshp: ______________ Phone: ______________

Primary Insurance: ______________ Policy #: ______________ Group #: ______________

Allergies: ______________________ Medications: **PLEASE ATTACH A COMPLETE MEDICATION PROFILE**

Diagnosis: ____

Orders for Clinical Services - Please check all required clinical services.

Skilled Nursing

- ☐ Evaluation and skilled interventions
- ☐ Wound care/decubitus care
- ☐ Monitor response to new or changed meds
- ☐ IV infusion
- ☐ PICC line maintenance
- ☐ Foley catheter insertion and management
- ☐ Venipuncture for lab
- ☐ Patient/CG instruction (meds, wound care, *etc.*)
- ☐ Colostomy/ileostomy, G-tube care and mgmt.
- ☐ Disimpaction/enema
- ☐ Diet counseling

Infusion Nursing

- ☐ ATB/Antiviral
- ☐ TPN/Enteral Nutrition
- ☐ Pain Management
- ☐ Hydration

Physical Therapy

- ☐ Evaluate and treat
- ☐ Home safety/family teaching/equipment
- ☐ Mobility
- ☐ Strength/ROM
- ☐ Gait instability
- ☐ Home Exercise Program
- ☐ Pain management
- ☐ Energy Conservation

Occupational Therapy

- ☐ Evaluate and treat
- ☐ Self care/ADL
- ☐ Home safety/family training/equipment
- ☐ Energy conservation
- ☐ UE loss of motion/coordination/sensation
- ☐ Mobility/transfer skills
- ☐ Cognitive retraining

Speech Therapy

- ☐ Evaluate and treat
- ☐ Speech language deficits
- ☐ Cognitive deficits
- ☐ Aural rehabilitation
- ☐ Vocal cord dysfunction Tx

Medical Social Work

- ☐ Evaluate and treat
- ☐ Psychosocial issues
- ☐ Family dynamics
- ☐ Coping mechanisms
- ☐ Life skills/end of life issues
- ☐ Community, financial and/or legal resources
- ☐ Long-term care coordination/placement

Other: **SN PT OT ST MSW** ____

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DME Need: ☐ Wheelchair ☐ Hospital Bed ☐ Oxygen ☐ IV Supplies ☐ Cane ☐ Walker Other DME: ______________________

Special Instructions: ____

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Requested Start of Care Date: ______________________

Please note that unless otherwise stated, start of care will take place 24 to 48 hours after receipt of this document.

Physician Signature: ______________________ Date: ______________