EPISODE: 01/09/15 - 03/09/15 02/20/15

Phone: 626-683-9959 Fax: 626-683-9969

PHYSICIAN: MD Name PHONE: 818-123-4567 FAX: 818-123-4567

NAME: Doe, Jane **DOB:** 05/05/1900

Reason for Evaluation I Initial

Patient was referred to home health MSW services due to family requesting to look for a lower level of care for their mother. Patient has nine children; Four of her children are living here in California. The rest of her children are in New York and Mexico. The patient moved from New York to California - a year and a half ago. Patient recently went to the hospital due to a recent UTI. PMH: Arthritis, High Cholesterol, LBP, High Blood Pressure. Patient went to Providence Hospital on January 6, 2014 with a non-admit status.

Homebound Status

Rehabilitation Potential

⊠ fair

Visitation Frequency

☑ residual weakness☑ assistive device

☑ assistance of another person

☑ fall risk

leaves home with taxing effort, leaves for med appointments only

Discharge Plan

i when goals met

Medical Social Services Interventions

- 1 Assess emotional factors
- 2 Assess for depression
- 3 Assess for memory loss
- 4 Develop plan & education regarding Advance Directives
- 5 Develop plan & education regarding Durable Power of Attorney
- 6 Assist with Placement: SNF
- 7 Recommend Referral to: Skilled Nursing

Medical Social Services Goals

- 1 Patient's psychological/emotional needs affecting patient's physical status will be addressed within MSW Initial Evaluation visit.
- 2 Patient will receive necessary assistance with being placed in a nursing home within 1 week.
- 3 Patient will verbalize understanding of Advance Directives within MSW Initial Evaluation visit.
- 4 Patient will verbalize understanding of Durable Power of Attorney for Health Care (DPAHC) within MSW Initial Evaluation visit.

SIGNATURES:

COMPLETED AND ELECTRONICALLY SIGNED BY MARY SMITH, MSW

PHYSICIAN'S SIGNATURE		DATE:
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