

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** 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

- residual weakness
- assistive device
- assistance of another person
- fall risk

leaves home with taxing effort, leaves for med appointments only

Rehabilitation Potential

- fair

Visitation Frequency

1WK1

Discharge Plan

- 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: _____

Doe, Jane 02/20/15