

## Physician Practices - Referral Form Guidelines

1. **Document the date that the provider had the Face-to-Face visit with the patient and send a copy of it with the referral.**
2. **List the medical conditions/diagnoses that are the primary reason for home health care:**
  - CHF, COPD, CVA, CABG, Diabetes, Wound Care, Cancer, Dysphagia, Knee/Hip Replacement
3. **List the skilled services you are ordering based on the patient’s needs:**
  - RN, PT, SLP
  - OT, MSW, RD or HHA may be ordered in addition to the above disciplines.
4. **Describe the specific care ordered for each discipline:**
  - CP assessment and teaching; Pain assessment and intervention; Medication management; Wound assessment and management; Treatment of gait abnormality; Improving functional status and mobility; Instructing use of assistive device
5. **Describe the assistance required to leave home (include both when they apply):**
  - List the assistive device used by the patient: cane, walker, wheelchair, special transportation such as ambulance or wheelchair van
  - Assistance of another person to leave home and why
6. **Explain why there is a normal inability to leave home and why it is a taxing effort to leave home:**
  - Be specific
  - Avoid using general terms

### Homebound Documentation

Acceptable	Unacceptable
Chair fast due to exacerbation of MS. Requires assistance of another to use wheel chair.	Requires wheelchair for mobility.
Short of breath with ambulation of 15 feet or less, requiring assistance of another person to ambulate safely.	Functional decline or weakness
S/P CABG 3 days. Medically contraindicated to leave home due to open wounds/potential for infection.	Unable to leave home due to recent CABG
Becomes severely disoriented when leaving home, even when accompanied by a caregiver.	Confusion or dementia

- **Physician signature and date required** (\*\* only the physician can sign the form; no stamped signatures or dates)
- **Physician printed name**