HOME HEALTH CERTIFICATION AND PLAN OF CARE

Order #: 0

1. Patient's HI Claim No.	2. Start Of Care Date	3. Certification Period From: To:	4. Medical Record No.	5. Provider No.

6. Patient's Name and Address	7. Provider's Name, Address and Telephone Number
8. Date of Birth	9. Sex ☐ M ☐ F

10. Medications: Dose/Frequency/Route (N)ew (C)hanged (U)nchanged

11.ICD-	Principal Diagnosis	Date
12.ICD-	Surgical Procedure	Date
13.ICD-	Other Pertinent Diagnoses	Date

14. DME and Supplies	15. Safety Measures:
16. Nutritional Req.	17. Allergies:

18.A. Functional Limitations

1 ☐ Amputation	5 ☐ Paralysis	9 ☐ Legally Blind			
2 ☐ Bowel/Bladder (Incontinence)	6 ☐ Endurance	A ☐ Dyspnea With Minimal Exertion			
3 ☐ Contracture	7 ☐ Ambulation	B ☐ Other (Specify)			
4 ☐ Hearing	8 ☐ Speech				

18.B. Activities Permitted

1 ☐ Complete Bedrest	6 ☐ Partial Weight Bearing	A ☐ Wheelchair			
2 ☐ Bedrest BRP	7 ☐ Independent At Home	B ☐ Walker			
3 ☐ Up As Tolerated	8 ☐ Crutches	C ☐ No Restrictions			
4 ☐ Transfer Bed/Chair	9 ☐ Cane	D ☐ Other (Specify)			
5 ☐ Exercises Prescribed					

19. Mental Status:	1 ☐ Oriented	3 ☐ Forgetful	5 ☐ Disoriented	7 ☐ Agitated
	2 ☐ Comatose	4 ☐ Depressed	6 ☐ Lethargic	8 ☐ Other

20. Prognosis:	1 ☐ Poor	2 ☐ Guarded	3 ☐ Fair	4 ☐ Good	5 ☐ Excellent

21. Orders for Discipline and Treatments (Specify Amount/Frequency/Duration)

22. Goals/Rehabilitation Potential/Discharge Plans

23. Nurse's Signature and Date of Verbal SOC Where Applicable:	25. Date HHA Received Signed POT

24. Physician's or Allowed Practitioner's Name and Address	26. Physician or Allowed Practitioner Certification Statement
	I certify/recertify that this patient is confined to his/her home and needs intermittent skilled nursing care, physical therapy and/or speech therapy or continues to need occupational therapy. This patient is under my care, and I have authorized the services on this plan of care and will periodically review the plan.
27. Attending Physician's or Allowed Practitioner's Signature and Date Signed (Applies to Total Pages)	28. Anyone who misrepresents, falsifies, or conceals essential information required for payment of Federal funds may be subject to fine, imprisonment, or civil penalty under applicable Federal laws.

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