

PHYSICIAN'S HOME HEALTH CERTIFICATION			
Certification Period From:			To:
Patient's Name and Address			5. Physician's Name and Address
3. Date of Birth: Sex \square M \square F			
4. Policy No.			6. Physician's Tax I.D. No.
7. ICD-9-	CM Principal Diagnosis	Date	Hospital Confinement for which Subsequent Home Health Care is required. A. From:
8. ICD-9-	CM Other Pertinent Diagnoses	Date	To: B. Name of Hospital and Address
10. Can the patient perform any of the following Activities of Daily Living (ADL's) without the assistance of another person? YES NO A Bathing (getting in and out of the bathtub or shower, utilizing normal bathroom facilities that have been equipped with railings and steps); B Continence (bladder control) C. Dressing (tying shoes, buttoning buttons or clasps); D Eating (consuming food or drink or utilizing utensils, appropriate for the patient's physical condition and which are placed within reach); E. Mobility (Walking or moving from one room to another) F. Tolleting (maintaining adequate bathroom hygiene and toilet habits); or G. Transferring to or from bed or chair if any of the above are answered "NO," please furnish test results. 11. Does the patient require continuous supervision and assistance due to a Cognitive Impairment (a deficiency in the ability to think, perceive, reason, and/or remember, which has been evaluated and measured through clinical evidence and standardized tests)? YES NO Horder in the ability to think perceive preserved in the ability to think perceive, reason, and/or remember, which has been evaluated and measured through clinical evidence and standardized tests)? YES NO Horder in the ability to think perceive, reason, and/or remember, which has been evaluated and measured through clinical evidence and standardized tests)? YES NO Horder in the ability to think, perceive, reason, and/or remember, which has been evaluated and measured through clinical evidence and standardized tests)? YES NO Horder in the ability to think, perceive, reason, and/or remember, which has been evaluated and measured through clinical evidence and standardized tests)? YES NO Horder in the ability to think, perceive, reason, and/or remember with the supervision of a R.N.) Intermediate Nursing (services performed on a regular basis but less often than daily, by or under the supervision of a R.N.) Physical Therapy Chemotherapy Specialist Services Horder in the			
13. Other Remarks:			
14. I certify recertify that the above statements are true and correct and are based on standard medical tests I have performed and that the above home health services were/are required during the period of certification.			
15. Ce	15. Certifying Physician's Signature		Date Signed