



VN Home Health Care

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RECORD OF FACE-TO- FACE (F2F) ENCOUNTER
ADDENDUM TO HOME HEALTH PLAN OF CARE

HOME HEALTH REFERRAL

PATIENT:	MEDICARE/MEDICAL #	SEX	D.O.B.
ADDRESS:			PATIENT PHONE NUMBER:
* DIAGNOSES AND CLINICAL FINDINGS at time of face-to-face visit:			
*Reasons for Home Health:			
QUALIFYING PROFESSIONAL SERVICES ORDERED FOR HOME HEALTH:			
<input type="checkbox"/> NURSING	<input type="checkbox"/> PHYSICAL THERAPY	<input type="checkbox"/> SPEECH THERAPY	
<input type="checkbox"/> HOME HEALTH AIDE	<input type="checkbox"/> OCCUPATIONAL THERAPY	<input type="checkbox"/> MEDICAL SOCIAL WORKER	
* HOMEBOUND STATUS (activity level or restrictions, such as weight-bearing status).			
Patient cannot leave home without considerable and taxing effort because:			
PHYSICIAN'S CERTIFICATION I certify that:			
*This patient has been under my care and we have had a face to face encounter on this date _____.			
*My clinical findings indicate the pt is homebound and the Home Health services noted above are medically necessary.			
* The primary reason for the face-to-face encounter is related to the primary reason for the patient requires Home Health.			
_____	_____	_____	
PHYSICIAN PRINTED NAME	SIGNATURE	TODAY'S DATE	