HOPE HOME HEALTHCARE SERVICES
27680 FRANKLIN RD
SOUTHFILD MI 48034
PHONE 248.557.0111 FAX 248.557.0444
ORDER/CPC/FACE TO FACE ENCOUNTER

CLIENT NAME:	REFERRAL DATE REQUESTED SOC DATE
ADDRESS:	REFERRAL SOURCE PHONE Physician ordering Home Health Services: _____
PHONE NO: DOB: SEX: □FEMALE□ MALE	□ EMERG. CONTACT □ RELATIVE □ SIGNIF. OTHER □ CAREGIVER NAME: ADDRESS PHONE #
MARITAL STATUS: □ S □ M □ D □ SEP □ W **MEDICARE #**	D/C FROM HOSPITAL □ SNF/REHAB FACILITY □ DATE ADM D/C
MEDICAID ID #	OTHER INSURANCE: PHONE #:
DIAGNOSIS: (List Primary Diagnosis First) DATE: 1) _____ 2)_____ 3) _____ 4)_____	SURGERY DATE(S): ALLERGIES Date of encounter: _____ Encounter completed by: _____
DME/SUPPLIES	DIET

Clinical Findings supporting the primary reason for home care services:

_____

_____

I certify based on my clinical findings the following home health services are medically necessary for this patient

____ Nursing ____ PT ____ OT____ SLP _____ MSW ____ HHA

Further, I certify my clinical findings support that this patient is homebound due to: MUST COMPLETE WITH REASON

Criteria-One:

The beneficiary must either:

_____ Because of illness or injury, need the aid of supportive devises such as crutches, canes, wheelchairs, and walkers; the use of special transportation; or the assistance of another person in order to leave their place of residence

OR

_____Have a condition such that leaving his or her home is medically contraindicated.

Criteria-Two:

_____There must exist a normal inability to leave home; _____

- AND

_____Leaving home must require a considerable and taxing effort. _____

I hereby Certify that the above patient is under my care and requires the above home care services because he/she is confined to the home. These professional services are to be provided on an intermittent basis and I will review the established plan contained in the record at least every two months. Patient needs intermittent skilled nursing care, therapy and/or speech therapy or continues to need occupational therapy.

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.

PHYSICIAN NAME	SIGNATURE
Date:	

HOPE

HOSPICE AND PALLIATIVE CARE

Home

Is now the time for hospice or palliative services? Each person has unique needs, which is why Hope Hospice and Palliative Care with families together help make decisions and determine the best level of care.

Our accredited palliative and hospice care program delivers services to the patient in their home, nursing home, hospital or other location. Ultimately, our goals are to provide comfort and celebrate the lives of our patients.

Hospital

Why Choose Hope Hospice?

Some people might think using hospice means they're giving up. Others may worry that they won't get the medical care they need. But the service simply focuses on the quality of your life instead of trying to cure a disease.

When Can I Join Hospice Care?

You may enter a program if your doctor states that you have a terminal illness and that death can be expected in 6 months or less. You can stay in hospice beyond that time if your doctor and the team decide you still have only a short time to live.

Nursing Home

OUR SERVICES

DAILY LIVING ASSISTANCE

Includes bathing, dressing, feeding, bathroom and hygiene assistance, incontinence care, and bed transferring/positioning.

PAIN MANAGEMENT

Pharmaceutical options include: oral medication, injections, transdermal patches, and intravenous medication.

ALTERNATIVE THERAPIES

Supplementary alternative therapies as needed, including touch, massage, music, and aromatherapy.

NURSING CARE

Credentialed nurses provide professional nursing and medical care under the supervision of an attending physician.

RECREATION

Condition-appropriate recreational activities engage patient, contributing to social stimulation and overall peace of mind.

24/7 ON-CALL SERVICES

In case of an emergency situation, help is just a phone call away with Hopes's 24/7 call center.

PROMOTING COMFORT

Patients are made as physically comfortable as possible.

PSYCHO-SOCIAL

Social workers, therapists, and chaplains work as a team to address the emotional and spiritual needs of patients and families.

BEREAVEMENT SERVICES

In times of grief, professionally trained grief counselors provide consolation and coping tools to family members and friends.

GROOMING/HYGIENE

Patient's appearance is central to their well-being. Hope takes care of items such as trimming hair and nails as necessary.

SOCIAL WORKER COMPONENT AND SPIRITUAL CARE COMPONENT

You want to note that you have a social worker that is able to assist them with community resources and a spiritual counselor to help them through the grieving process.

GET A FREE PATIENT CONSULTATION CALL TODAY

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hopehomehealth@yahoo.com