

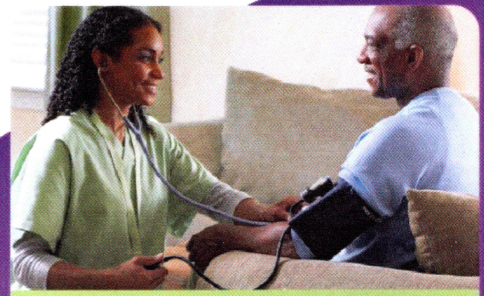
HOPE HOME HEALTHCARE SERVICES
27680 FRANKLIN RD
SOUTHFIELD MI 48034
PHONE 248.557.0111 FAX 248.557.0444
ORDER/CPC/FACE TO FACE ENCOUNTER

CLIENT NAME:	REFERRAL DATE	REQUESTED SOC DATE
ADDRESS:	REFERRAL SOURCE	PHONE
PHONE NO:	Physician ordering Home Health Services: <input type="checkbox"/> EMERG. CONTACT <input type="checkbox"/> RELATIVE <input type="checkbox"/> SIGNIF. OTHER <input type="checkbox"/> CAREGIVER	
DOB: SEX: <input type="checkbox"/> FEMALE <input type="checkbox"/> MALE	NAME: ADDRESS PHONE #	
MARITAL STATUS: <input type="checkbox"/> S <input type="checkbox"/> M <input type="checkbox"/> D <input type="checkbox"/> SEP <input type="checkbox"/> W	D/C FROM HOSPITAL <input type="checkbox"/> SNF/REHAB FACILITY <input type="checkbox"/>	
MEDICARE #	DATE ADM	D/C
MEDICAID ID #	OTHER INSURANCE:	PHONE #:
DIAGNOSIS: (List Primary Diagnosis First) DATE:	SURGERY	DATE(S):
1) _____	ALLERGIES	
2) _____	Date of encounter: _____	
3) _____	Encounter completed by: _____	
4) _____		
DME/SUPPLIES	DIET	
Clinical Findings supporting the primary reason for home care services: <hr/> <hr/>		
<p><i>I certify based on my clinical findings the following home health services are medically necessary for this patient</i></p> <p style="text-align: center;"> <input type="checkbox"/> Nursing <input type="checkbox"/> PT <input type="checkbox"/> OT <input type="checkbox"/> SLP <input type="checkbox"/> MSW <input type="checkbox"/> HHA </p> <p><i>Further, I certify my clinical findings support that this patient is homebound due to: MUST COMPLETE WITH REASON</i></p> <p>Criteria-One: The beneficiary must either: _____ Because of illness or injury, need the aid of supportive devices 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.</p> <p>Criteria-Two: _____ There must exist a normal inability to leave home; _____ • AND _____ Leaving home must require a considerable and taxing effort. _____</p>		
<p>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.</p>		
<p>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.</p>		
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.

Why Choose Hope Hospice?

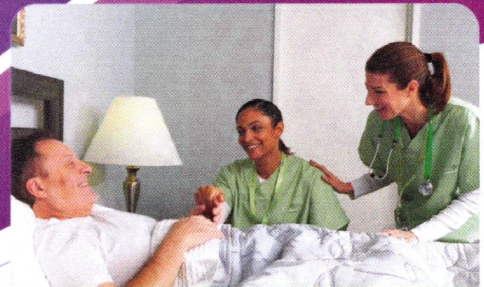
Some people might think using hospice means they're giving up. Others may worry that they won't get the medical care they need. But the service simply focuses on the quality of your life instead of trying to cure a disease.

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.



Hospital



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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27680 Franklin Rd. Southfield, MI 48034

Phone number **248-557-0111**

Fax number **248-557-0444**

hopehomehealth@yahoo.com