

## HOUSE CALL ENCOUNTER FORM (MEDICARE)

Need for House Call:  Pt home-bound  O/V requires ambulance transport  O/V requires excessive effort/pain

CC	
<hr/> <hr/>	
HPI	
<hr/> <hr/>	
<hr/> <hr/>	
<hr/> <hr/>	

### Physical Exam

BP \_\_\_\_\_ P \_\_\_\_\_ R \_\_\_\_\_ T \_\_\_\_\_

HEENT \_\_\_\_\_

Lungs \_\_\_\_\_

Cor \_\_\_\_\_

Abd \_\_\_\_\_

Ext \_\_\_\_\_

Skin \_\_\_\_\_

### Home Environment

**Smells:**  urine  rotting  musty  OK

**Temp:**  x/s cold  x/s hot  OK

**Clean:**  clean  messy  dirty  filthy

**Rugs:**  exposed rug edges

**Furniture:**  sturdy  flimsy  cluttered

**Toilet:**  accessible  inaccessible  
 toilet rails  shower rails

**Phone:**  accessible  inaccessible

**Food:**  healthy balance  x/s canned  
 x/s junk food  x/s salt/sugar

**Food quantity:**  adequate  scant  x/s

**Lighting:**  bright  mod  dim

**Assessment/Plan** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

### Patient Activity

**Walks in home:**

no assist  assist  no

**Uses prescribed walker/cane:**

yes  no

**Pt falling:**

yes  no freq: \_\_\_\_\_

**Pt dresses self:**

yes  no

**Pt bathes self:**

yes  no

**Pt cooks for self:**

yes  no

### Support

Family visits: \_\_\_\_\_ qwk

Friend visits: \_\_\_\_\_ qwk

Nurse visits: \_\_\_\_\_ qwk

HH aid visits: \_\_\_\_\_ qwk

Meals on wls: \_\_\_\_\_ qwk

**New Patient:**  99341  99342  99343  99344  99345      **Est Patient:**  99347  99348  99349  99350

**Patient Name:** \_\_\_\_\_ **MR#:** \_\_\_\_\_ **DOB:** \_\_\_\_\_

**Date of Visit:** \_\_\_\_\_ **Signature:** \_\_\_\_\_



**FPM Toolbox** To find more practice resources, visit <https://www.aafp.org/fpm/toolbox>.

Developed by James M. Giovino, MD. Copyright © 2000 American Academy of Family Physicians. Physicians may duplicate or adapt for use in their own practices; all other rights reserved. Related article: <https://www.aafp.org/fpm/2000/0600/p49.html>.