

# HOUSE CALL ENCOUNTER FORM (MEDICARE)

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

CC \_\_\_\_\_  
 \_\_\_\_\_  
 HPI \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**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

**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

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

**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>.  
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