

# 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>.  
 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>.