

# HOUSE CALL - 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

<p><b>Home Environment</b></p> <p>Smells: <input type="checkbox"/> urine <input type="checkbox"/> rotting <input type="checkbox"/> musty <input type="checkbox"/> OK</p> <p>Temp: <input type="checkbox"/> x/s cold <input type="checkbox"/> x/s hot <input type="checkbox"/> OK</p> <p>Clean: <input type="checkbox"/> clean <input type="checkbox"/> messy <input type="checkbox"/> dirty <input type="checkbox"/> filthy</p> <p>Rugs: <input type="checkbox"/> exposed rug edges</p> <p>Furniture: <input type="checkbox"/> sturdy <input type="checkbox"/> flimsy <input type="checkbox"/> cluttered</p> <p>Toilet: <input type="checkbox"/> accessible <input type="checkbox"/> inaccessible <input type="checkbox"/> toilet rails <input type="checkbox"/> shower rails</p> <p>Phone: <input type="checkbox"/> accessible <input type="checkbox"/> inaccessible</p> <p>Food: <input type="checkbox"/> healthy balance <input type="checkbox"/> x/s canned <input type="checkbox"/> x/s junk food <input type="checkbox"/> x/s salt/sugar</p> <p>Food quantity: <input type="checkbox"/> adequate <input type="checkbox"/> scant <input type="checkbox"/> x/s</p> <p>Lighting: <input type="checkbox"/> bright <input type="checkbox"/> mod <input type="checkbox"/> dim</p>	<p><b>Patient Activity</b></p> <p>Walks in home: <input type="checkbox"/> no assist <input type="checkbox"/> assist <input type="checkbox"/> no</p> <p>Uses prescribed walker/cane: <input type="checkbox"/> y <input type="checkbox"/> n</p> <p>Pt falling: <input type="checkbox"/> y <input type="checkbox"/> n</p> <p>Pt dresses self: <input type="checkbox"/> y <input type="checkbox"/> n</p> <p>Pt bathes self: <input type="checkbox"/> y <input type="checkbox"/> n</p> <p>Pt cooks for self: <input type="checkbox"/> y <input type="checkbox"/> n</p>	<p><b>Support</b></p> <p>Family visits: _____ qwk</p> <p>Friend visits: _____ qwk</p> <p>Nurse visits: _____ qwk</p> <p>HH Aid visits: _____ qwk</p> <p>Meals on wls: _____ qwk</p>
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Assessment/Plan

New Patient:  99341  99342  99343  99344  99345

Est Patient:  99347  99348  99349  99350

Date of Visit: \_\_\_\_\_

Signature: \_\_\_\_\_

Patient Name: \_\_\_\_\_

MR#: \_\_\_\_\_

DOB: \_\_\_\_\_

