EXPERTS IN HOME HEALTH MANAGEMENT, INC.
1-800 HOMECARE, 1-800-768-4663, Fax: 586-585-0209
www.exhhc.com

Physician Name: _____

Diagnosis: _____

Date of Onset: _____

Nursing

- ☐ Assessment
- ☐ Med. Teaching
- ☐ Diet Instruction
- ☐ Disease Process Instruction
- ☐ Wound Care Tx (Treatment

Occupational Therapy

- ☐ Evaluate & Treat
- ☐ ADL Skills/Training
- ☐ Muscle Re-education
- ☐ Perceptual Motor
- ☐ Fine Motor Coord.
- ☐ Neuro-develop Tx
- ☐ Sensory Treatment
- ☐ Orthotics/Splinting
- ☐ Adaptive Equipment
- ☐ W/C Assessment/training

Speech-Lang. Path

- ☐ Evaluate & Treat
- ☐ Voice Disorders Tx
- ☐ Speech Articulation
- ☐ Dysphagia Tx
- ☐ Lang. Disorders Tx
- ☐ Aural Rehabilitation
- ☐ Non-oral Communication

Physical Therapy

- ☐ Evaluate & Treat
- ☐ Therapeutic Exercise
- ☐ Pt./CG Education
- ☐ Transfer Training
- ☐ Gait Training
- ☐ Chest Physiotherapy
- ☐ U.S. (Ultrasound) Therapy
- ☐ Electro Therapy
- ☐ Prosthetic Training
- ☐ Massage
- ☐ Muscle Re-education
- ☐ Mgt. Eval. Of Care Plan
- ☐ W/C assessment/training

MSW

- ☐ Assessment
- ☐ Counseling (Emotional)
- ☐ Community Resource Educ.
- ☐ Short Term Planning
- ☐ Long-term Planning

HHA (SN or PT must be on case)

- ☐ Personal Care per SN/PT/OT

Special Instructions:

_____

_____

Physician's Signature:_____Date : _____

Please attach the Face Sheet (Demographics) of the Patient