

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:** _____