

CALLER DETAILS

Name:

First Name

Middle Name

Surname

Relation:

Purpose of Call:

PATIENT DETAILS

Name:

First Name

Middle Name

Surname

Address:

Door/House No

Building/Soc

Lane / Street

Landmark

Area: Pin Code:

DOB:

D/D

M/M

Y/Y

Family Doctor:

First Name

Middle Name

Surname

Email Id

Consultant:

First Name

Middle Name

Surname

Email Id

REQUIREMENTS

HCA Services	
For 4 Hrs	
For 8 Hrs	
For 12 Hrs	
For 24 Hrs	
Lab/Investigations	
Equipment	
Pharmacy	
Transport Ambulance	

Other Information:

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REQUIREMENTS

Nurse Services

For 4 Hrs	
For 8 Hrs	
For 12 Hrs	
For 24 Hrs	
Bed Sore Care	
Companion	
Enema	
Monitoring Vital Signs	
Monitoring Drains	
Manage Medication Schedule	
Nurse Visit with ECG Machine	
Port Care	
Patient & Family Education	
Positioning	
Ryles Tube Feeding	
Spong Bath	
Training Insulin injection	
Wound Care (Dressing)	

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REQUIREMENTS

Physician Assistant Services:		
Routine General check-up & Physical examinations (Preventive Check-up)		ICD Dressing
		IV infusion care and therapy
Traditional home visits (Common Ailments)		Injections (IV, IM, SC)
On-going treatment of medical conditions		Manual Evacuation of Feaces
Physician review/consultation for authorization of medical care, nursing care, pharmacy, diagnostics and referral to physical therapy and specialized rehabilitation services		Nebulization therapy
		Need based Medical Transportation
		Ongoing-Preventive Care
		Oxygenation therapy
Post-Surgical care:		Oxygen therapy
Ambulation		Positioning advice
BSL on Glucometer		PEG care
Bladder Wash		Pain management
Bladder Wash (In Situ Catheter)		Routine ECG monitoring
Bilateral Stitch Removal		RT removal/insertion/care
Catheter removal/insertion/care		Routine diet management
Colostomy Care		Stoma care
Counselling		Sore care advice
Central line (Advance IV) care and removal		Suture/Stapler removal
Cast - monitoring and removal		Tracheobronchial Suctioning
Condom Catheter		Traction
Dressing: Small		Tube feedings
Dressing: Medium		Tracheostomy removal & replacement
Dressing: Large		Unilateral TKR Stitch Removal
Doctor Visit with Glucometer		V-P Shunt care
Doctor Visit with ECG Machine		Vitals monitoring (Pulse, BP, SPO2, RR etc)
Glove Drain Catherization		Ventilator support (C-PAP/Bi-PAP)
ICD care and assessment		Wound care management & Skin care
Insulin injectable		

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REQUIREMENTS

Physiotherapy Services:			
Ankle and foot:		Joint mobilization	
Footwear correction		Nervous tissue mobilization	
Gait and posture training		Orthotic prescription	
Range of motion		Posture retraining	
Strengthening		Range of motion	
Taping		Stretching	
Cervical Spine/ Shoulder		Wrist and Hand:	
Core strengthening		Hand strengthening	
Joint Mobilisations		Joint mobilizations	
Neural tissue mobilisations		Range of motion	
Progressive resisted training		Taping	
Posture retraining		Others:	
Stretching		Dementia physiotherapy rehab	
Taping		Gait Apraxia	
Elbow:		Muscular dystrophy rehab	
Joint Mobilisations		Multiple Sclerosis Rehab	
Range of motion exercises		Nerve injuries rehab	
Progressive resisted training		Orthotic prescription	
Stretching		Parkinson's Rehabilitation	
Taping		Post Head Injury Rehabilitation	
Hip/Knee:		Coma stimulation	
Gait training		Paraplegic rehabilitation	
Orthotic prescription		Post Spine Surgery Rehab	
Post Surgery muscle training		Postural Retraining	
Range of motion		Stroke Rehabilitation	
Strength training		Vestibular Rehabilitation: Positional vertigo, Hypofunction rehabilitation	
Taping			
Lumbar Spine/SI joint:			
Core strengthening			

PLAN OF CARE

Name: _____

HHC No

Professional	Recommended Service	Date	From / To	Cost
			(Includes Tax):	
TOTAL ESTIMATED COST				

JOB CLOSURE

Service Rendered: Yes ☐ No ☐

Consumption Details:

Medicines:

Unites:	
Non Unites:	

Consumables:

Unites:

Non Unites:

Baseline:

A ☐ V ☐ P ☐ U ☐

Airway: Open ☐ Closed ☐

Breathing: Present ☐ Compromised ☐ Absent ☐

Circulation: Radial ☐ Present ☐ Absent ☐

Temp (Core)*F

Pulse: /min

RR:/min

BP:/mmHg

BSL: mg/dl

SpO₂: %

GCS Total:/15

Skin Perfusion: Normal ☐ Abnormal ☐

Patient care summary notes

Patient/Next in Kin Signature

Professional Signature