

HOME HEALTH CERTIFICATION AND PLAN OF CARE

Peter (Male) MR 4562 DOB 10-10-1985 HIC 1234
P.O. Box 51, 407 James st, New York, NY 42316
SOC 10-10-2012 Cert Period 5-7-2012 - 6-7-2012

Diagnoses

ICD-9-CM	Principal Diagnosis	O/E	Date
1234	Diagnosis Process bvfjekv vjkunrv jren vrejkvnre vejkrnver vjenrv ej vjrev ehrjnvre vjkrevhr v erh		11/12/2012
4576	Diagnosis Process1 dwbcw cjedc cjkcn cjkcn crc rje c ckc jr cjre cjk c jck c ckre ckre ckre ckre crk crk crk crk rjk rkre		11/20/2012
4321	Diagnosis Process2		11/05/2012
5432	Diagnosis Process3		11/12/2012

Surgical Procedure

ICD-9-CM	Surgical Procedure	Date
1231	Surgical Procedure cbcb cjkcnjkec jrecrnjcr cjrjc rcj j rr cjkjcr fjre frecjkr rj rj jcrjcrckjcrjr jrek jkre cjkjrc rccrje	11/12/2012
1216	Surgical Procedure1	11/12/2012
1245	Surgical Procedure2	11/12/2012
1246	Surgical Procedure3	11/12/2012

Other Pertinent Diagnoses

ICD-9-CM	Other Pertinent Diagnoses	Date
4321	Other Pertinent Diagnoses	03/03/2012
4342	Other Pertinent Diagnoses1	11/12/2012
4346	Other Pertinent Diagnoses2	11/12/2012
4347	Other Pertinent Diagnoses3	11/12/2012

Medications: Dose/Frequency/Route (N)ew (C)hanged

Medications diclophin 200mg, anacin 100mg, dolo 650mg, Alday 450mg

DME and Supplies

None, Cane, Walker, Wheelchair, Hospital bed, Mobility Scooter, Comode, Splint, Brace, Crutches, on ckjdbcdcdjcds cdsjkcsdncmnsdjensdc jncjkdc sdcjsndc dcjkncjknds

Safety Measures:

Safety Measures

Nutritional Req.

Curd rice cbsdhc sjkcbdsdcdjksbdcs dcjkshcds cjkscdcs cdskjcds cjncs bcbsdcsd cjkbsd

Allergies

NOS

Functional Limitations

Amputation, Bowel/Bladder, Contracture, Hearing, Paralysis, Endurance, Ambulation, Speech, Legally blind, Dyspnea With Minimal Exertion, Limitations1

Activities Permitted

Complete Bedrest, Bedrest BRP, Up As Tolerated, Transfer Bed/Chair, Exercises Prescribed, Partial Weight Bearing, Independent At Home, Crutches, Cane, Dyspnea, Wheelchair, Walker, No Restrictions, Activities1

Mental Status

Oriented, Comatose, Forgetful, Depressed, Disoriented, Lethargic, Agitated, Mental Status1, Mental Status2

Prognosis

Guarded

Orders for Discipline and Treatments (Specify Amount/Frequency/Duration)

500 p/d, 1 month

Goals/Rehabilitation Potential/Discharge Plans

HOME HEALTH CERTIFICATION AND PLAN OF CARE

Peter

(Male)

MR

4562

DOB

10-10-1985

HIC

1234

P.O. Box 51, 407 James st, New York, NY 42316

SOC

10-10-2012

Cert Period

5-7-2012 - 6-7-2012


Physical fitness, Mentally recover

Miscellaneous

Nothing is avialbale

I certify/recertify that this patient is confined to his/her home and needs intermittent skilled nursing care, physical therapy and/or speech therapy or continues to need occupational therapy. The patient is under my care, and I have authorized the services on this plan of care and will periodically review this plan.

Anyone who misrepresents, falsifies, or conceals essential information required for payment of Federal funds may be subject to fine, imprisonment, or civil penalty under applicable Federal laws.

Nurse's Name/Signature and Date of Verbal SOC (Signature Applies to All Pages)	Date HHA Received Signed POT
 9/3/2011	9/3/2011

Attending Physician's Signature and Date Signed(Signature Applies to All Pages)

9/3/2011