TPHC
Texas Physician House Calls

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Documentation of Face-to-Face Encounter

Patient name and Identification Aaron Neely

I certify that this patient is under my care and that I, or a nurse practitioner or physician's assistant working with me, had a face-to-face encounter that meets the physician face-to-face encounter requirements with this patient on: (insert date that visit occurred)

12 5 2014
Month Day Year

Is Patient Home Bound or Can't Drive (Circle your choice) (Y) N

Is Home Health Care Needed (Circle your choice) (Y) N

Does Patient have reliable other Primary Care Physician (Circle your choice) Y N

Is House Visit Needed (Circle your choice) (Y) N

If Yes (Circle Next Visit in Days approximately) (30) 60 90 Other _____

The encounter with the patient was in whole or in part for the following medical condition which is the primary reason for home health care and **HOW LONG:** (List medical condition)

Insomnia, Schizophrenia, Depression, Anxiety.

I certify that, based on my findings, the following services are medically necessary home health services:

__P__ Nursing
_____ Physical Therapy
_____ Occupational Therapy
_____ Speech-language Pathology

To provide the following care/treatments: (Required only when the physician completing the face to face encounter documentation is different than the physician completing the plan of care):

_____

_____

My clinical findings support the need for the above services because:

SN needed due to anxiety, insomnia and inability to self-medicate correctly

Further, I certify that my clinical findings support that this patient is homebound (i.e. absences from home require considerable and taxing effort and are for medical reasons or religious services or infrequently or of short duration when for other reasons) because Patient is homebound due to schizophrenia. Patient experiences confusion and is unable to safely leave home alone.

Nurse Practitioner Signature _____ Date 12-5-14

Physician's Signature _____

Printed Name _____ Date of Signature _____