

County
HOSPITAL
HOME HEALTH

IN-HOME NURSING EVALUATION REPORT

Patient: _____ Date: _____

Physician: _____ Staff member performing evaluation: _____

We have conducted an in-home evaluation of the above named patient. The patient was **not admitted** to the Caldwell County Hospital Home Health Agency for the reasons noted below. **A narrative note is attached for your reference.** Please feel free to call if you have any questions or would like further information. Thank you for referring this patient to Caldwell County Hospital Home Health Agency.

- The services requested are not under a plan of care prescribed by a licensed physician, dentist or osteopath.
- The patient does not require skilled care which can satisfactorily be provided in the home setting on a part-time intermittent basis.
- The patient is not homebound as defined by third party payers.
- Suitable department personnel and resources to provide services required by the patient are not available.
- Lack of available, adequate physical facilities in the patient's residence to support or ensure proper care.
- Lack of family member or other caregiver able and willing to assist with follow-through activity needed to meet home care goals
- Patient's medical, nursing and social needs cannot be met adequately in the home setting.
- Expectation of timely, financial reimbursement for services provided by, or on behalf of the patient, does not exist.
- Patient's condition does not warrant skilled home care services.
- Other: _____

Information Given

Referral Made

Meals on Wheels

Respite Care

Transportation Services

Homemaker Services

Emergency Response Systems

Sitter's List

Equipment

Other: