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: ____________________________