

Patience Home Health Care llc

"Caring is Our Passion"

5400 NW 23rd St Suite 204

Oklahoma City, OK 73127

Phone: (405)-604-0373 Fax: (405)-604-0383

Home Health Evaluation and Treat

Name: _____ DOB: _____

Male _____ Female _____ Phone: _____

Alternate Phone if any: _____

Address (where services provided):

Street: _____

City: _____ State: _____ Zip: _____

Emergency Contact: _____

Relationship: _____ Phone: _____

Alternate phone if any: _____

Referral source: _____ Phone: _____

Primary Doctor: _____ Phone: _____

Primary Diagnosis: _____

Secondary Diagnosis: _____

Next scheduled office visit: _____

Service(s) Needed: Skilled Nursing _____ Physical Therapy _____ Home Safe _____

Home Health Aide _____ PT Pre-Op Joint _____ Occupational Therapy _____ Speech Therapy _____

Social Work _____ Dietician _____ Telehealth _____

Lifeline _____ Pediatric Palliative Care _____ Wound/Ostomy/Continence _____

Treatment Orders: _____

REFILL- 0 1 2 3 4 5 -INDEFINATELY

Label

Another brand of a generically equivalent product, identical in dosage form and content of active ingredient (s), may be dispensed UNLESS checked.

DEA NO. _____ Date: _____

DR's Signature:

_____ Date _____