



Call Us First: 248.723.9613  
Fax Number: 248.723.9615  
www.optimalcareinc.com

Patient Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Physician Name: \_\_\_\_\_ Physician Phone: \_\_\_\_\_

Date of Patient's Last Physician Visit: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

- 1)  Demographics Sheet with contact and insurance information attached
- 2)  Physician or NP/PA signed Visit Note attached
- 3)  Medication List with current medications attached

Primary Diagnoses for Home Care: \_\_\_\_\_

Additional Diagnoses:  CHF  DM  Alzheimer's  OA  Pain  Depression  Wounds  Falls/Gait  
 Other: \_\_\_\_\_

**Please Check Medically Necessary Skilled Services:**

**Nursing:**  
 Disease management teaching  Medication teaching  
 Other: \_\_\_\_\_

**Physical Therapy:**  
 Gait and transfer training/fall prevention strategies  Pain limiting ADLs  
 Other: \_\_\_\_\_

**Speech Therapy:**  
 Swallowing problems  Speech/Language  E-STIM

**Additional Services:**  
 OT  MSW  HHA  Dietitian  Spiritual Care

**Face To Face Certification Documentation:** *I certify that this patient is under my care and that I, or a nurse practitioner/clinical nurse specialist/certified nurse-midwife or physician assistant working in collaboration with me or under my supervision, had a face-to-face visit encounter that meets the physician face-to-face requirements.*

Physician Signature: \_\_\_\_\_ Date: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

**Available every day of the year 24/7 "We accommodate same day visits"**

**3060 Telegraph Rd Suite 3275 • Bingham Farms, MI 48025**