



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"

30600 Telegraph Rd Suite 3275 • Bingham Farms, MI 48025