



## PHYSICIAN DOCUMENTATION OF FACE TO FACE ENCOUNTER

Patient Name and Identification: \_\_\_\_\_

I had a face-to-face encounter with this patient on \_\_\_\_\_  
Date of Face-to-Face Encounter

during which a medical condition was addressed, which is the primary reason for home health care.

Based on my findings, the following services are medically necessary home health services (check all that apply):

- Skilled Nursing
- Physical Therapy
- Speech-Language Pathology

**The following clinical findings support the need for skilled services:**

---



---



---

**The following clinical findings support that this patient is homebound** (i.e. absences from home require considerable and taxing effort and are for medical reasons or religious services or infrequently or of short duration when for other reasons):

---



---



---

## Certification for Home Health Services

Based on the above findings, I certify that this patient is confined to the home and needs intermittent skilled nursing care, physical therapy and /or speech therapy or continues to need occupational therapy. The patient is under my care, and I have initiated the establishment of the plan of care. This patient will be followed by a physician who will periodically review the plan of care.

Physician Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Physician Printed Name: \_\_\_\_\_