Equilibrio Home Health
105 S First Colonial Rd # 115,
Virginia Beach, VA 23454
Phone: 965-9942
Fax: 757-222-1103

SUPPLEMENTAL AND/OR TELEPHONE ORDERS

Patient's Name_____ Medicare/Insurance _____

Address _____ Phone _____ DOB _____

Emergency Contact Name / Phone _____

Physician's Name _____

Address_____

Phone_____ Fax_____

PRIMARY DIAGNOSIS _____

Physician's orders and date of face to face encounter of applicant. Treatment /Homebound Reason:

- ☐ PT – Eval/Treat in order to improve functional mobility for ADLs
- ☐ PT/OT – Balance in life assessment and home safety eval
- ☐ SN – Eval/Treat in order to provide med mgmt., disease mgmt., wound care or cardiac care
- ☐ OT – Eval/Treat in order to improve activities of daily living and assess
- ☐ SLP – Eval/Treat in order to improve cognitive training and motor planning
- ☐ HHA/PCA – Home Health Aide and Personal Care Aide – needs for ADL support
- ☐ RT - Respiratory Therapy_____
- ☐ Other –_____

Orders taken by or requested by_____

Date_____ Time _____ Last MD Appt (F2F) _____

Patient is homebound due to the following reasons:

- ☐ You need the help of another person or medical equipment such as crutches, a walker or a wheelchair to leave your home, or your doctor believes that your health or illness could get worse if you leave your home ***AND*** it is difficult for you to leave your home and you typically cannot do so.

This patient, who is under my care, is homebound for health reasons and is in need of intermittent home visits according to the above treatment plan.

Physician's Signature_____ Date_____

Doctor, please sign this form immediately and return it. Thank you.

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BALANCE IN LIFE

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