

Company Name
"Catch Phrase"

Physician Telephone Orders

Physician Name: _____

Patient Name: _____ **MR#** _____

- Admit to Home Health**
Reason Homebound: _____
Disciplines: _____
- Change Frequency to:** _____
Date Effective: _____
- On Hold:**
Hospitalized at: _____
Other Reason: _____
Active Services: _____
Date Effective: _____
- Missed Visit:** _____
- New/Changed Medication:** _____
- Wound Care:** See Narrative Below
- Additional Services:**
 PT OT ST HHA MSW
Frequency: _____
- Discharge Notice:**
Discipline: _____
Effective Date: _____
Reason for Discharge: Goals Met Death
 Hospitalized Other-See Below

Changes in Plan of Care discussed with client and client agrees.

SIGNIFICANT FINDINGS AND/OR EXPLANATION OF ABOVE LOCATED BELOW

Clinician Signature _____ Date _____

Staff Signature _____ Date _____

Physician Signature _____ Date _____