SafeNet Home Health
A WATERMARK Agency

PHYSICIAN ORDER for HOME HEALTH SERVICES
Fax to: 480-946-1280

Patient Last Name:________________________ Patient First Name:______________________________

Diagnosis:_______________________________ Requested Start of Care Date:______________________

Service/s Requested:

SN #vs/wk________for_________wks
- Multisystem Assessment
- Medication Management
- Labs (not covered if ordered alone)____
- Assess patient/caregiver ability/willingness to perform prescribed wound care
- Instruct on wound care as appropriate until proper technique is demonstrated

Wound care
Provide wound care as follows: (attach additional page if necessary)

wound site(s) _____________________________ wound site(s) _____________________________

clean with _______________________________ clean with _______________________________

apply/pack with____________________________ apply/pack with____________________________

cover with _______________________________ cover with _______________________________

secure with ______________________________ secure with ______________________________

frequency _______________________________ frequency _______________________________

PT #vs/wk________for_________wks
- Eval and treat
- HEP
- Gait and Balance training
- Special precautions
- Balance training
- Weight Bearing Status
- Other

OT #vs/wk________for_________wks
- Eval and treat
- ADL
- IADL
- HEP
- Assess Equipment needs
- Other

ST #vs/wk________for__________wks
- Eval and treat
- Swallow
- Cognition eval
- Dysarthria
- Other_____________________________

HHA #vs/wk______for________wks
- Personal Care
- Bathing
- Other_______________________________

Physician Signature:__________________________________ Date:_______________________________

****Please include with order****
Patient Demographic, Insurance information ,H&P or last visit note, & Current Medication List

6240 E. Thomas Road Suite 203 | Scottsdale, AZ 85251
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