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

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________________________________________________________________________

Clinician Signature ___________________________ Date ___________________________

Staff Signature ___________________________ Date ___________________________

Physician Signature ___________________________ Date ___________________________