



Face-to-Face/Referral Form

Please FAX to: 248.539.8484
Tel: 248.539.8400 www.athhs.com

For Physician Office use: I certify that this patient is under my care and I, or a nurse practitioner or physician's assistant working with me, had a face-to-face encounter that meets the physician face-to-face encounter requirements with this patient on: Date: ____ / ____ / ____

Patient: _____
Last First MI

Address: _____
Street Address

Phone: _____ City State Zip
 M F DOB: _____

Primary Insurance and Number: _____

Emergency Contact/Relationship: _____ Phone: _____

The encounter with the patient was in whole, or in part, for the following medical condition, which is the primary reason for home health care (List medical condition):

I certify that, based on my findings, the following services are medically necessary home health services:
 Skilled Nursing _____ Speech Therapy _____
 Physical Therapy _____ Home Health Aide _____
 Occupational Therapy _____ Medical Social Worker _____
 TeleHealth: _____ Dietitian: _____

My clinical findings support the need for the above services because:

Further, I certify that my 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 reason) because:

Physician Name: _____ Phone Number: _____ Fax Number: _____

Physician Signature: _____ Date: _____

AHHS RN Signature: _____ Date: _____

NOTICE- The attached communication contains privileged and confidential information. If you are not the intended recipient, DO NOT read, copy, or disseminate this communication. Non-intended recipients are hereby placed on notice that any unauthorized disclosure, duplication, distribution, or taking of any action in reliance on the contents of these materials is expressly prohibited. If you have received this communication in error, please delete this information in its entirety and contact At Home Health Services at 248.539.8400. Also, please immediately notify the sender that you have received this communication in error.