



**CHILDREN'S HEALTH  
Home Care**

7601 Preston Road  
Plano, Texas 75024  
469-303-HOME (4663)  
Fax: 469-303-0003

DOB: \_\_\_\_\_ Location: \_\_\_\_\_

Patient Name: \_\_\_\_\_

Medical Record Number: \_\_\_\_\_

CSN: \_\_\_\_\_

DATE: \_\_\_\_\_ Gender:  Male  Female

PHYO

CMC77316-002NS Rev. 3/2017

**Home Health Order Form**

**PHYSICIAN INFORMATION**

Primary Care Provider (PCP): \_\_\_\_\_ Office Number: \_\_\_\_\_

Referring Physician: \_\_\_\_\_ Fax Number: \_\_\_\_\_

NPI Number: \_\_\_\_\_

Referral Coordinator (RC): \_\_\_\_\_ RC Direct Number: \_\_\_\_\_

**PLEASE COMPLETE ORDER CONTENT BELOW THIS LINE**

Treatment Diagnosis / ICD 10: \_\_\_\_\_

Requested Services:

(complete all that apply)

Skilled Nursing Assessment & Visits

Comments: \_\_\_\_\_

Physical Therapy Evaluation & Treatment

Occupational Therapy Evaluation & Treatment

Speech & Language Therapy Evaluation & Treatment

Feeding & Swallowing Evaluation & Treatment

Other: \_\_\_\_\_

Physician Signature: \_\_\_\_\_ Date: \_\_\_\_\_ Time: \_\_\_\_\_  
Credentials

Printed Name: \_\_\_\_\_

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