Shuree Home Healthcare, Inc.
4492 W. Lawrence Ave.
Chicago, IL 60630
Phone: (773) 283-4950 | Fax: (773) 283-4980

COORDINATION OF CARE

Patient Name: **MR:** **Visit Date:**
Physician: **Episode/Period:**
Primary Diagnosis: **Secondary Diagnosis:**

Functional Limitations

☐ Amputation ☐ Bowel/Bladder Incontinence ☐ Contracture ☐ Hearing
☐ Paralysis ☐ Endurance ☐ Ambulation ☐ Speech
☐ Legally Blind ☐ Dyspnea ☐ Other ____________

Patient Condition

☐ Stable ☐ Improved ☐ Unchanged ☐ Unstable ☐ Declined

Service(s) Provided

☐ SN ☐ PT ☐ OT ☐ ST
☐ MSW ☐ HHA ☐ Other ____________

Vital Sign Ranges

	BP	HR	Resp	Temp	Weight	BG
Lowest						
Highest						

Home Bound Status

☐ N/A
☐ Exhibits considerable & taxing effort to leave home
☐ Requires assistance to get up/move safely
☐ Severe Dyspnea
☐ Unable to safely leave home unassisted
☐ Unsafe to leave home, psychiatric impairments
☐ Unable to leave home due to medical restriction(s)
☐ Other ____________

Home Environment

Transfer Facility Information

Facility ____________ **Phone** (___) ___-____ **Contact** ____________

Services Providing

Summary Of Care Provided By HHA

Signature: **Date:**

Shuree Home Healthcare, Inc.
4492 W. Lawrence Ave.
Chicago, IL 60630
Phone: (773) 283-4950 | Fax: (773) 283-4980

COORDINATION OF CARE

Patient Name: **MR:** **Visit Date:**
Physician: **Episode/Period:**
Primary Diagnosis: **Secondary Diagnosis:**

Summary Of Care Provided By HHA

Medicare Review

Was poc sent with patient?

Was medication sent with patient?

Signature: **Date:**