

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

60-DAY SUMMARY/CASE CONFERENCE

Patient Name: _____ **MRN:** _____ **DOB:** _____
Episode/Period: _____ **Physician:** _____ **DNR:** _____
Physician Phone: _____ **Physician Fax:** _____

Homebound Status

- | | |
|---|---|
| <input type="checkbox"/> N/A | <input type="checkbox"/> Exhibits considerable & taxing effort to leave home |
| <input type="checkbox"/> Requires assistance of another to get up & moving safely | <input type="checkbox"/> Severe Dyspnea |
| <input type="checkbox"/> Unable to safely leave home unassisted | <input type="checkbox"/> Unsafe to leave due to cognitive/psychiatric impairments |
| <input type="checkbox"/> Unable to leave home due to medical restriction(s) | <input type="checkbox"/> Other _____ |

Patient Condition

- Stable Improved Unchanged Unstable Declined

Service(s) Provided

- SN PT OT ST MSW HHA Other _____

Vital Sign Ranges

	BPsys	BPdia	HR	Resp	Temp	Weight	BS	Pain
Lowest	_____	_____	_____	_____	_____	_____	_____	_____
Highest	_____	_____	_____	_____	_____	_____	_____	_____

Summary of Care Provided

Patient's Current Condition

Goals

Recommended Services

- SN PT OT ST MSW HHA Other _____

Signature: _____ **Date:** _____

Signature: _____ **Date:** _____

Signature: _____ **Date:** _____