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HOME HEALTH ORDER FORM

\*\*Please attach face sheet w/ patient demographics & insurance info\*\*

PATIENT INFORMATION

Patient Name: \_\_\_\_\_ DOB: \_\_\_\_/\_\_\_\_/\_\_\_\_ Gender:  Male  Female

Emergency Contact Name/Phone Number: \_\_\_\_\_

WOUND ASSESSMENT

Table with 6 columns: ICD-10 Code, Wound Location, Has the wound ever been debrided?, Length x Width x Depth, Stage/Thickness, Drainage. Rows 1-3.

WOUND CARE PRODUCT SELECTION

Table with columns for Wound Dressing, Qty, and Select Wound (with X) W1, W2, W3. Includes items like Collagen, ABD Pad, Antimicrobial Roll Gauze, etc.

Length of Need: \_\_\_\_\_ months
Dispense Amount (select one):  15-day  30-day
Has the patient been educated on how to apply the dressings?  YES  NO
Cleansing Products\* (Check all that apply)
Saline 100ml:  5  10  15  Other \_\_\_\_\_

UROLOGICAL ASSESSMENT

Primary Diagnosis- ICD-10 Code: \_\_\_\_\_ Secondary Diagnosis- ICD-10 Code: \_\_\_\_\_

UROLOGICAL PRODUCT SELECTION

INTERMITTENT CATHETERS/TRAYS
Type:  Red Rubber  Coude (medical records required)  Straight  Closed System (medical records required)
Lubricant:  Ind. Packets  Tube
Size:  6FR  8FR  10FR  12FR  14FR  16FR  18FR  Other Length:  6" (female)  10" (pediatric)  16" (adult)
FREQUENCY PER DAY:  1x/day  2x/day  3x/day  4x/day  5x/day  6x/day  Other \_\_\_\_\_

FOLEY CATHETER/TRAY
Size:  10cc  30cc French Size: \_\_\_\_\_ Qty: \_\_\_\_\_
 Latex  Silicone  Insertion Tray  Irrigation Tray

UROLOGY ACCESSORIES

Saline (100ml) Qty: \_\_\_\_\_  Leg Strap: Qty: \_\_\_\_\_  Tape  1"  2"  4" Qty: \_\_\_\_\_
 Appliance cleaner Qty: \_\_\_\_\_  AMD Split Gauze Qty: \_\_\_\_\_  Anchoring Device Qty: \_\_\_\_\_
 Other Qty: \_\_\_\_\_

OSTOMY ASSESSMENT

Primary Diagnosis ICD-10 Code: \_\_\_\_\_
\*\*Code must state the specific type of ostomy.
Secondary Diagnosis ICD-10 Code: \_\_\_\_\_
\*\*Code must state the specific type of ostomy.

TYPE OF OSTOMY

Colostomy  Ileostomy  Urostomy

OSTOMY PRODUCT SELECTION

Table with columns: Check all products that apply, Qty, Product #. Rows: 1 Piece Pouch, 2 Piece Pouch, Wafer (for 2 Piece Pouch), Stoma Size: \_\_\_\_\_

OSTOMY ACCESSORIES

Table with columns: Check all products that apply, Qty. Rows: Bedside Urinary Drainage Bag, Barrier Ring, Stoma Paste, Skin Prep Wipes, Barrier Strips, Lubricating Deodorant, Belt, Adhesive Remover Wipes, Waterproof Tape, Other: \_\_\_\_\_

REFERRAL INFORMATION

Ref #: \_\_\_\_\_

Practice Name: \_\_\_\_\_ Fax: \_\_\_\_\_
Office Address: \_\_\_\_\_ Email: \_\_\_\_\_
Phone: \_\_\_\_\_ Preferred Method of Contact?  Phone  Fax  Email
Contact Person: \_\_\_\_\_
Physician Name: \_\_\_\_\_ NPI#: \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Ext. \_\_\_\_\_