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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 for Wound Dressing selection with columns for product name, size options, and quantity. Includes items like Collagen, Calcium Alginate, Foam Dressing, 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 _____ Qty: _____

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 for Ostomy Product Selection with columns: Check all products that apply, Qty, Product #. Rows include 1 Piece Pouch, 2 Piece Pouch, Wafer, Stoma Size.

OSTOMY ACCESSORIES

Table for Ostomy Accessories with columns: Check all products that apply, Qty. Rows include 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. _____