# OPTIMA HEALTH CARE, INC.

1545 N. VERDUGO RD., SUITE 108
GLENDALE, CA 91208-2841

Tel: (818) 507-6957
Fax: (818) 827-3067

## Home Health Services Request

**PATIENT INFO**

| Patient Name: Last, First, Middle | Date of Birth | ☐ Male ☐ Female | Religion |
|---|---|---|---|
| | | | |

| Address - Street, Apt., City, County, State | Telephone number |
|---|---|
| | |

| Referral Date | SOC Date | Primary Contact, Relationship | Telephone number |
|---|---|---|---|
| | | | |

| Medicare Number | Medicaid or DSS ID Number | Other Insurance Carrier | Policy or Claim Number |
|---|---|---|---|
| | | | |

**DIAGNOSIS**

| Primary Diagnosis | Hospitalization | From | To |
|---|---|---|---|
| | | | |

Secondary Diagnosis

| Surgery and Dates | Allergy |
|---|---|
| | |

**PHYSICIANS' ORDERS**

Treatments, Medications, Activity Permitted

| | | |
|---|---|---|
| SN Frequency | ☐ Skilled Nursing | ☐ Physical Therapy |
| HHA Frequency | ☐ Occupational Therapy | ☐ Speech Therapy |
| | ☐ Medical Social Worker | ☐ Home Health Aide |

Diet

| Attending Physician's Name | Telephone number | Fax number |
|---|---|---|
| | | |

| Physician's Signature | Physician's Address | UPIN |
|---|---|---|
| | | |

**NURSING**

Supplies, Equipment Needed (Specify Items), DME

| Referral Taken By | Date |
|---|---|
| | |