





Patient Name: _____ M.R.# _____

[] Initial Assessment SU _____ date SOC _____ date

[] Team Conference

[] Reinstatement _____ effective date [] Recert _____ effective date

HOMEBOUND STATUS DETERMINATION

1. Does patient attend day care or receive meals away from home? No Yes 
2. Does patient attend a Partial Hospitalization Program? No Yes 
3. Can patient leave home without considerable and taxing effort? No Yes 
4. Does the patient leave home on a regular basis for non-medical purposes? No Yes 

If you answered "yes" to any of the above questions, patient is not homebound.

5. Identify the specific reasons why patient is restricted to home (i.e. considerable and taxing effort required)

a. Permanently Bedbound Reason (contractures, paralysis, etc.): _____

Temporarily Bedbound Reason (surgery, injury, etc.): _____

b. Weakness / Poor Endurance / Dizziness / Unsteady gait (*circle*)

Distance patient can ambulate without assistance: _____

Why does this restrict patient from leaving home? _____

c. Mobility and / or Ambulatory Devices used:

W/C cane

walker other (e.g. crutches)

Distance patient can ambulate with device: _____

d. What other assistance does patient use to ambulate?

one person

two people

walls and furniture

Distance patient can ambulate with assistance: _____

e. How does patient transfer (e.g. bed to chair)?

independent assistance of two people

assistance of one person lift device (e.g. Hoyer)

f. Angina/SOB/Dyspnea on minimal exertion (*circle*)

Describe type of activity, effect on patient, number of feet until symptomatic

g. Supplemental O2: Continuous?

Describe difficulty of transporting portable O2: outside home: _____

h. Unusable blood sugar levels

Patient is unsafe outside of home due to blood sugar fluctuation

i. Unrelieved pain with weight bearing activity

Due to:

Pain level (min.) 1-10 (extreme): _____

j. Leaving home is contraindicated due to:

Contagious disorder (specify) _____

Immunosuppression why? _____

Mental Status: confused, unsafe, *afraid, *refusal (*circle*) (*requires psych diagnosis) why?

k. Architectural barriers: _____

Additional functional limits contributing to Homebound status:

Blind Poor Vision specify: _____

Postural hypotension Aphasic

Seizure disorder Amputation

Hemiparesis Casted extremity

Tremors Incontinence

Requires frequent suctioning Prone to falls

Ataxic gait

Other reasons:

THIS PATIENT MEETS HOMEBOUND CRITERIA Yes No

COMPLETED BY: _____

PROFESSIONAL SIGNATURE

DATE