

NURSING HOME EVALUATION REPORT

NOTE: This report should be completed by a licensed physician or a licensed clinical psychologist. This evaluation is being used to determine if the person named below requires the nursing home level of care.

EVALUATOR: The information in this report must be based on your personal examination of the person being evaluated. Thank you for your assistance.

PATIENT'S NAME:

ADDRESS:

EVALUATOR'S NAME:

ADDRESS

TELEPHONE

I, the above-named Evaluator, hereby certify that the following information is true:

1. I graduated from the _____ School of _____
Name of Profession School
in the year _____.
Year of Graduation

2. I am a licensed _____ in
the State(s) of: _____

3. I am certified in the field(s) of _____

4. My specialty(ies) is/are _____

5. My involvement with the patient is (give brief history of your involvement with the patient): _____

6. I personally examined and evaluated the above-named patient on the following dates:

7. I have reviewed the results of the following tests: _____

8. Based on tests and my knowledge and examinations and evaluations of this patient, my professional opinion follows as to whether the above-named patient is in need of the nursing home level of care:

a. Please initial one line below to give your opinion whether this patient requires the nursing home level of care.

The above-named patient **does** _____ | **does not** _____ require the nursing home level of care.

I certify upon personal knowledge that the contents of this report are true.

Date

Signature of Evaluator