

# NURSING HOME LEVEL OF CARE EVALUATION REPORT

**NOTE:** This report should be completed by a licensed physician, a licensed clinical psychologist, or a licensed nurse practitioner familiar with the functional and medical criteria necessary for someone to be deemed to need the “nursing home level of care,” whether that care is provided in a nursing home or at home. This evaluation will be used to help determine if the person named below is in need of 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:** \_\_\_\_\_  
Full Name of Patient

**ADDRESS:** \_\_\_\_\_  
Patient’s Street Address  
\_\_\_\_\_  
City State Zip

**EVALUATOR’S NAME:** \_\_\_\_\_  
Full Name of Evaluator

**ADDRESS** \_\_\_\_\_  
Evaluator’s Street Address  
\_\_\_\_\_  
City State Zip

**TELEPHONE** \_\_\_\_\_  
Evaluator’s Telephone Number

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:

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7. I personally conducted the following tests on the following dates:

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8. I have reviewed the results of the following tests performed by others:

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9. 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 **sign one line below** to give your opinion as to whether you believe this patient requires the nursing home level of care.

\_\_\_\_\_ In my professional opinion, the above-named patient **does** require the nursing home level of care.

\_\_\_\_\_ In my professional opinion, the above-named patient **does not** yet require the nursing home level of care.

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

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Evaluator