

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:

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

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

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