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 ________________ in the year ________________________.

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