

**Office of Aging and Adult Services
Physician Admission and Order Form**

*This form **may** be used by physicians for nursing facility admission orders and for orders for medications, treatments, diet, etc. for participants while attending the ADHC facility.*

I. Complete this section for Adult Day Health Care (ADHC) ONLY

Applicant/Participant Name:

SS#:

Physician Orders for ADHC Facility: may include medications, treatments, special dietary needs, activity level/limitations, etc. for the participant while attending the ADHC facility.

Physician's Name (type or print):

Phone:

Address:

Physician Signature:

Date:

**II. Complete this section for nursing facility admission ONLY.
To be completed by the admitting or discharging physician**

Patient Name:

SS#:

Chest X-Ray: Yes Date ___/___/___ No

TB Skin Test: Yes Date ___/___/___ No

Pneumonia Vaccine: Yes Date ___/___/___ No

Physician Orders for Nursing Facility Admission:

May include medications, treatments, diet, etc. Attach additional page if needed.

Check recommended skill level for nursing facility admission, if applicable; this item is optional - see instructions

Skilled Nursing Care (Medicare)

SNF Infectious Disease

Neurological Rehabilitation Treatment Program

Technology Dependent

Complex Rehab

Physician's Name (type or print):

Phone:

Address:

Admitting (or discharging) Physician Signature:

Date:

Office of Aging and Adult Services
Instructions for OAAS Physician Admission and Order Form (OAAS-PF-06-008)

General Instructions:

The Physician Admission and Order Form (OAAS-PF-06-008) is a standardized form that **may** be used by physicians for nursing facility admission orders and orders for Adult Day Health Care (ADHC) facility use. Use of this form is **not** required. Physicians and facilities may use other documents for orders and signatures as desired.

The Physician Admission and Order Form (OAAS-PF-06-008) is **not** required or necessary for other home and community based programs.

Section I. is for ADHC use only. If the form is used, it should be submitted with the Comprehensive Plan of Care (CPOC) packet to the appropriate OAAS regional office.

Section II. is for Nursing Facility use only. If the form is used by hospital discharge planners, it should be submitted with the Statement of Medical Status (SMS: OAAS-PF-06-009) to the admitting nursing facility for inclusion in the admission packet to be sent to OAAS. If the form is used by nursing facilities and/or intake analysts, it should be submitted with the SMS and other documentation to the appropriate OAAS admission review staff.

Please note: If additional space is needed for any section of this form, the reverse side may be used or an additional page attached. Indicate when submitted if reverse side of form is used or if an additional page is attached.

Office of Aging and Adult Services
Instructions for OAAS Physician Admission and Order Form (OAAS-PF-06-008)

Adult Day Health Care (ADHC)

NF: See Section II: Instructions for Nursing Facility Admission

Section I. Adult Day Health Care use ONLY

The form may be used for initial orders for the participant for ADHC facility use. The form may also be used for additional orders or changes in orders. **Note:** If this form is used for orders for the ADHC facility, it must be signed by the physician.

- A. Applicant/Participant Name:** Enter the applicant's/participant's legal name
- B. SS#:** Enter the applicant's/participant's Social Security number
- C. Orders:** The physician may write initial orders for the applicant/participant for medications, treatments, diet and activity level for use while the applicant/participant is attending the ADHC facility. The form may also be used for additional orders or changes in orders. Initial or additional orders may be taken as verbal orders according to the Louisiana State Board of Nursing and the Louisiana Nurse Practice Act. The form, if used, must be maintained in the participant's file. **Note:** The Statement of Medical Status (OAAS-PF-06-009) form is not to be used for the physician's orders. Indicate if reverse side of form is used or an additional page is attached.
- D. Physician's Name, Address, Phone Number:** Type or legibly print the name, address and phone number of the physician completing the form. The name must match the signature line below.
- E. Physician Signature:** The **physician** must sign this section. Orders written by the physician must be signed by the physician. Verbal orders may be used in accordance with the Louisiana State Board of Nursing and Louisiana Nurse Practice Act. The signature serves as the authorization of the written orders. **Note: The physician's signature does NOT serve as authorization that the applicant meets the required Louisiana Nursing Facility Level of Care per LOCET.**
- F. Date:** The signer (physician) must enter the date the form was signed.

Instructions for OAAS Physician Admission and Order Form (OAAS-PF-06-008)

Nursing Facility Admission

ADHC: See Section I: Instructions for Adult Day Health Care (ADHC)

Section II. Nursing Facility use ONLY

The form may be used for admission orders to the nursing facility. Admitting orders to the nursing facility are required and must be signed by the discharging or admitting physician but do not have to be completed on this form.

- A. Applicant/Participant Name:** Enter the applicant's legal name
- B. SS#:** Enter the applicant's Social Security number
- C. Chest X-Ray:** Check yes and the date of the last chest x-ray, if known. Check no if the applicant has never had a chest x-ray or if the date of the last chest x-ray is unknown.
- D. TB Skin Test** Check yes and the date of the last TB Skin Test, if known. Check no if the applicant has never had a TB Skin Test or if the date of the last TB Skin Test is unknown.
- E. Pneumonia Vaccine:** Check yes and the date of the Pneumonia Vaccine, if known. Check no if the applicant has never had a Pneumonia Vaccine or if the date of the Pneumonia Vaccine is unknown. Indicate as a comment if the applicant may have had a pneumonia vaccine but is unsure.
- F. Skill Level:** ***This item is optional.*** *NF level of care encompasses all three former "levels" (ICF I, ICF II, & Skilled) under the Medicaid Case Mix Reimbursement System. However, if it is recommended that the resident's medical need warrants one of the three exceptions (SNF Infectious Disease, Neurological Rehabilitation Treatment or Technology Dependent) check the appropriate box. If it is recommended the resident's condition warrants Medicare Skilled coverage, that box may be checked in order to document that recommendation.*
- G. Physician Orders for Nursing Facility Admission:** The physician may write initial orders for the applicant for admission to the nursing facility including medications, treatments, diet, activity level, etc. Initial orders may be taken as verbal orders according to the Louisiana State Board of Nursing and the Louisiana Nurse Practice Act. The form, if used, must be maintained in the resident's record. **Note:** The Statement of Medical Status (OAAS-PF-06-009) form is not to be used for the physician's admitting orders to the nursing facility. *(See "Instructions for SMS (OAAS-PF-06-009) NF Eligibility Utilization".)* Indicate if reverse side of form is used or an additional page is attached.
- H. Physician's Name, Address, Phone Number:** Type or legibly print the name, address and phone number of the physician completing the form. The name must match the signature line below.
- I. Physician Signature:** The discharging (hospital) or admitting **physician** must sign this section. The physician's signature is required for admission to the nursing facility. Admission orders must be signed by the physician. Verbal orders may be used in accordance with the Louisiana State Board of Nursing and the Louisiana Nurse Practice Act. The signature serves as the authorization of the written orders and admission to the facility. **Note: The physician's signature does NOT serve as authorization that the applicant meets the required Louisiana Nursing Facility Level of Care per LOCET. Note: Nursing facilities are not required to use this form. However, if this form is used for the required nursing facility admission orders, then it must be signed by the physician.**
- J. Date:** The signer (physician) must enter the date the form was signed.