



**Nurses House, Inc.**  
**The Veronica M. Driscoll Center for Nursing**  
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### HEALTH STATUS REPORT

CLIENT RELEASE: I hereby authorize release of the requested information to Nurses House and I authorize my provider to speak with a representative of Nurses House.

CLIENT SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_

INITIAL SERVICE DATE \_\_\_\_\_ LAST VISIT DATE \_\_\_\_\_

ICD-9-CM CODE \_\_\_\_\_ DIAGNOSIS/ES \_\_\_\_\_

CURRENT HEALTH STATUS & TREATMENT REGIME \_\_\_\_\_

PROGNOSIS: Fair\_\_ Poor\_\_ Guarded\_\_ Terminal\_\_ Good\_\_ Excellent\_\_ Unknown\_\_

IS CLIENT ABLE TO WORK AT THIS TIME? YES\_\_ FT\_\_ PT\_\_ NO\_\_

LIMITATIONS \_\_\_\_\_

IF NOT, PROJECTED RETURN DATE \_\_\_\_\_

PRINT OR TYPE PROVIDER NAME \_\_\_\_\_

LICENSE # \_\_\_\_\_ TELEPHONE # \_\_\_\_\_

ADDRESS \_\_\_\_\_

PROVIDER SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_