Nurses House, Inc.
The Veronica M. Driscoll Center for Nursing
2113 Western Avenue, Suite 2
Guilderland, NY 12084-9559
(518) 456-7858 ext. 125
mail@nurseshouse.org or www.nurseshouse.org

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** _____