



Nurses House, Inc.
 The Veronica M. Driscoll Center for Nursing
 2113 Western Avenue, Suite 2
 Guilderland, NY 12084-9559
 (518) 456-7858 ext. 128
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HEALTH STATUS REPORT

PATIENT 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.

PATIENT SIGNATURE _____ DATE _____

PATIENT NAME _____ PATIENT DOB _____

PATIENT EMAIL ADDRESS _____

TOP PORTION MUST BE COMPLETED AND SIGNED BY PATIENT

BOTTOM PORTION MUST BE COMPLETED AND SIGNED BY HEALTHCARE PROVIDER

INITIAL VISIT DATE: _____ LAST VISIT DATE _____

ICD-9-CM CODES Primary _____ Secondary _____ Tertiary _____

CURRENT TREATMENT REGIME & LIMITATIONS:

***PROGNOSIS**

Fair ___ Poor ___ Guarded ___ Terminal ___ Good ___ Excellent ___ Unknown ___

***IS CLIENT ABLE TO WORK AT THIS TIME?** YES (FT) _____ YES (PT) _____ NO _____

IF NO, PROJECTED RETURN DATE _____

PRINT PROVIDER NAME _____ License # _____

TELEPHONE # _____ ADDRESS _____

PROVIDER SIGNATURE _____ DATE _____

Incomplete or missing information will delay review of the application.