FL-2 (86)
INSTRUCTIONS ON REVERSE SIDE

NORTH CAROLINA MEDICAID PROGRAM
LONG TERM CARE SERVICES

2001001112345 1/1/01 to 2/12/01
SN/MI/LH

☐ PRIOR APPROVAL ☐ UTILIZATION REVIEW ☐ ON-SITE REVIEW

IDENTIFICATION

1. PATIENT'S LAST NAME	FIRST	MIDDLE	2. BIRTHDATE (M/D/Y)	3. SEX	4. ADMISSION DATE (CURRENT LOCATION)
Doe	Jimmy	R.	00/00/00	M	January 1, 2001

5. COUNTY AND MEDICAID NUMBER	6. FACILITY	ADDRESS	7. PROVIDER NUMBER
01 003002004 A	Feel Good	456 Peaceful Lane	

8. ATTENDING PHYSICIAN NAME AND ADDRESS

9. RELATIVE NAME AND ADDRESS

10. CURRENT LEVEL OF CARE	11. RECOMMENDED LEVEL OF CARE	12. PRIOR APPROVAL NUMBER	14. DISCHARGE PLAN
___ HOME ___ DOMICILIARY	___ HOME ___ DOMICILIARY	2001044102055	___ SNF X HOME
___ SNF (REST HOME)	X SNF (REST HOME)	13. DATE APPROVED/DENIED	___ ICF
X ICF ___ OTHER	___ ICF ___ OTHER	2/13/01 IC/MI/LH	___ DOMICILIARY (REST HOME)
___ HOSPITAL 1234567A	Rev'd 1/1/01		___ OTHER

15. ADMITTING DIAGNOSES - PRIMARY, SECONDARY, DATES OF ONSET

1. Fx. (R) Hip
2. HTN
3. GERD
4. CVA
5. Constipation
6.
7.
8.

16. PATIENT INFORMATION

DISORIENTED	AMBULATORY STATUS	BLADDER	BOWEL
N/A CONSTANTLY	___ AMBULATORY	✓ CONTINENT	✓ CONTINENT
N/A INTERMITTENTLY	✓ SEMI-AMBULATORY 1+ Assist	___ INCONTINENT	___ INCONTINENT
INAPPROPRIATE BEHAVIOR	___ NON-AMBULATORY	___ INDWELLING CATHETER	___ COLOSTOMY
N/A WANDERER	**FUNCTIONAL LIMITATIONS**	___ EXTERNAL CATHETER	**RESPIRATION**
N/A VERBALLY ABUSIVE	✓ SIGHT glasses	**COMMUNICATION OF NEEDS**	✓ NORMAL
N/A INJURIOUS TO SELF	___ HEARING	✓ VERBALLY	___ TRACHEOSTOMY
N/A INJURIOUS TO OTHERS	___ SPEECH	___ NON-VERBALLY	___ OTHER:
N/A INJURIOUS TO PROPERTY	___ CONTRACTURES	___ DOES NOT COMMUNICATE	___ O2 PRN CONT.
___ OTHER:	**ACTIVITIES/SOCIAL**	**SKIN**	**NUTRITION STATUS**
PERSONAL CARE ASSISTANCE	___ PASSIVE	✓ NORMAL	✓ DIET Regular
___ BATHING	✓ ACTIVE	___ OTHER:	___ SUPPLEMENTAL
___ FEEDING	___ GROUP PARTICIPATION	___ DECUBITI-DESCRIBE:	___ SPOON
___ DRESSING	___ RE-SOCIALIZATION		___ PARENTERAL
___ TOTAL CARE	___ FAMILY SUPPORTIVE		___ NASOGASTRIC
PHYSICIAN VISITS	**NEUROLOGICAL**		___ GASTROSTOMY
✓ 30 DAYS	___ CONVULSIONS/SEIZURES		___ INTAKE AND OUTPUT
___ 60 DAYS	N/A GRAND MAL	**DRESSINGS:**	___ FORCE FLUIDS
___ OVER 180 DAYS	N/A PETIT MAL		___ WEIGHT 180 lbs.
	___ FREQUENCY		___ HEIGHT 71"

17. SPECIAL CARE FACTORS	FREQUENCY	SPECIAL CARE FACTORS	FREQUENCY
___ BLOOD PRESSURE		___ BOWEL AND BLADDER PROGRAM	
___ DIABETIC URINE TESTING		___ RESTORATIVE FEEDING PROGRAM	
X PT (BY LICENSED PT)	5 x's q wk x's 3 wks.	___ SPEECH THERAPY	
___ RANGE OF MOTION EXERCISES		___ RESTRAINTS	

18. MEDICATIONS / NAME & STRENGTHS, DOSAGE & ROUTE

1. HCTZ 25 mg. 1 q.d.
2. Celebrex 200 mg. 1 q.d
3. Prilosec 20 mg. 1 q.d.
4. Dulcolax Suppository 10 mg q.3 day prn constipation
5. ASA 81 mg. 1 po q.d.
6. Tylenol 325 mg. ii po q.4° prn for pain
7.
8.
9.
11.
12.

19. X-RAY AND LABORATORY FINDINGS / DATE:

20. ADDITIONAL INFORMATION:

21. PHYSICIAN'S SIGNATURE

22. DATE 3/4/01

372-124 (12-92)

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