



Nurses House, Inc.
The Veronica M. Driscoll Center for Nursing
2113 Western Avenue, Suite 2
Guilderland, NY 12084-9559
(518) 456-7858 ext 25 Fax: (518) 452-3760
mail@nurseshouse.org 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 _____

PATIENT 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? F/T__ P/T__ NO__

LIMITATIONS _____

IF NOT, PROJECTED RETURN DATE _____

PRINT OR TYPE PROVIDER NAME _____

LICENSE # _____ TELEPHONE # _____

ADDRESS _____

PROVIDER SIGNATURE _____ DATE _____