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

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 _____