



CHARIS PHYSICIANS HOUSECALLS PLLC
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Remember when doctors made house calls?

We still do.

Health care the way it should be: **Quality, Caring and Personal.**

Charis Physicians Housecalls provides comprehensive home-based medical care in order to minimize the need for hospitalizations, rehospitalizations or long-term care facilities, such as nursing homes.

We provide our homebound clients with convenient, quality medical care in the comfort, privacy and safety of their own homes. Our physicians, physician assistants and nurse practitioners will provide you with a wide spectrum of the highest quality personnel and medical care available.

What qualifies a patient as homebound?

There are many different situations and conditions that can qualify someone as homebound.

A patient who meets Medicare's definition of HOMEBOUND is *"Normally unable to leave home unassisted. To be homebound means that leaving home takes considerable and taxing effort. A person may leave home for medical treatment or short, infrequent absences for non-medical reasons, such as a trip to the barber or to attend religious services. A need for adult day care doesn't keep you from getting home health care. Below is a list of some of the reasons a patient may be homebound:*

- Chairbound/Bedbound
- Severe shortness of breath
- Oxygen dependent
- Pain restricting movement
- Needs assistance to move
- Terminal condition
- Severe functional limitations
- Requires maximum assistance for all activities
- Severe immune suppression
- Impaired mental status
- Requires 24 hour care and supervision
- Cannot leave the home unattended due to Dementia
- Unsafe for patient without supervision
- Shortness of breath due to talking
- Cardiac restriction due to chest pain
- Confusion level precedes safe leaving of home
- Severe weakness, unsteady gait
- Second level or high home without elevators
- Patient unable to use the stairs independently
- Angina with activity
- Lower extremity edemas impairing ambulation
- Pain on movement or walking
- Activity restricted due to pain
- Cannot safely leave home without assistive device
- Medically restricted due to risk of infection post-op
- Weakness due to chemotherapy or radiation treatments
- Poor vision
- Complex wounds

I have indicated to my doctor/nurse practitioner that one of these conditions listed above applies to me. The doctor/nurse practitioner will use this information provided in addition to the assessment made in my home to determine my eligibility for home health care services.

Signature of Patient or Caregiver

Date

Representative of CPH

Date

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