FL-2 (86) HANDOUT #2D

INSTRUCTIONS ON REVERSE SIDE

NORTH CAROLINA MEDICAID PROGRAM
LONG TERM CARE SERVICES

☐ 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)
Clayton	Garrett		10-17-50	M	09/04/13

5. COUNTY AND MEDICAID NUMBER	6. FACILITY ADDRESS	7. PROVIDER NUMBER
Johnston 021-13-1415	Adult Care Assisted Living	

8. ATTENDING PHYSICIAN NAME AND ADDRESS	9. RELATIVE NAME AND ADDRESS
Dr. Bruton Adams Building City, N.C.	Ben Clayton (brother)

10. CURRENT LEVEL OF CARE	11. RECOMMENDED LEVEL OF CARE	12. PRIOR APPROVAL NUMBER	14. DISCHARGE PLAN
____ HOME ____ DOMICILIARY (REST HOME) ____ SNF ____ OTHER ____ ICF __X__ HOSPITAL	____ HOME __X__ DOMICILIARY (REST HOME) ____ SNF ____ OTHER ____ ICF	13. DATE APPROVED/DENIED	____ SNF ____ HOME ____ ICF ____ DOMICILIARY (REST HOME) ____ OTHER

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

1. seizure disorder	5. CHF
2. hypertension	6.
3. insulin-dependent diabetes (IDDM)	7.
4. Asthma	8.

16. PATIENT INFORMATION

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

17. SPECIAL CARE FACTORS		FREQUENCY		SPECIAL CARE FACTORS	FREQUENCY
	BLOOD PRESSURE			BOWEL AND BLADDER PROGRAM	
	~~DIABETIC URINE TESTING~~	FSBS ac breakfast & supper		RESTORATIVE FEEDING PROGRAM	
	PT (BY LICENSED PT)			SPEECH THERAPY	
	RANGE OF MOTION EXERCISES			RESTRAINTS	

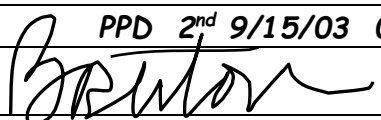
18. MEDICATIONS / NAME & STRENGTHS, DOSAGE & ROUTE

1. Dilantin 125mg/5ml - 4ml po every day	7. Accupril 10 mg. 1 tablet once daily
2. Lasix 40mg po twice daily	8. Zithromax 250 mg. 1 daily X 4 days
3. Tylenol 325mg 2 tabs po q6hr prn pain	9.
4. or temp greater than 100°F	10.
5. Humulin 70/30 – 10 units sq. ac breakfast	11.
6.	12.

19. X-RAY AND LABORATORY FINDINGS / DATE:

20. ADDITIONAL INFORMATION: PPD 8/28/03 0mm

PPD 2nd 9/15/03 0mm *allergies - codeine

21. PHYSICIAN'S SIGNATURE  22. DATE 9/04/2013