

### Medicare Patient Questionnaire

Medicare will not cover physical therapy at the same time you are receiving home health care or if you are hospitalized or living in a skilled nursing facility.

#### Home Health:

1. Are you currently receiving any form of home health care, including physical therapy?

No  Yes (please explain) \_\_\_\_\_

\_\_\_\_\_

2. Have you received home health care at any time in the past year?  No  Yes

If yes, what is the date you were discharged from home health? \_\_\_\_\_

Name of home health provider? \_\_\_\_\_

#### Skilled Nursing Facility:

1. Do you currently reside in a skilled nursing facility?  No  Yes

Name of Skilled Nursing Facility? \_\_\_\_\_

2. Were you admitted to a healthcare facility within the past year?  No  Yes

If yes, list date you were discharged: \_\_\_\_\_

Name of facility: \_\_\_\_\_

Patient signature: \_\_\_\_\_ Date: \_\_\_\_\_