



## HEALTH STATUS REPORT

CLIENT RELEASE: I hereby authorize release of the requested information to Carin for Nurses and I authorize my provider to speak with a representative of Carin for Nurses.

CLIENT SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

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? FT\_\_\_ PT\_\_\_ NO\_\_\_

LIMITATIONS \_\_\_\_\_

IF NOT, PROJECTED RETURN DATE \_\_\_\_\_

PRINT/TYPE PROVIDER NAME \_\_\_\_\_

LICENSE # \_\_\_\_\_ PHONE # \_\_\_\_\_

ADDRESS \_\_\_\_\_

PROVIDER SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_