

## EMU Post Acute Clinical Request Form (24223)

Fax form to (844) 834-2152

Facility name / NPI:				Facility fax/phone number:			
Member name/ DOB:				Primary diagnosis:			
Admit date/authorization number:				Past medical history if H&P not attached:			
Prior level of functioning (PLOF):							
Home setting – e.g., LTC/House/Apt/Mobile Home:				Number of stairs in prior living environment:			
Weight-bearing restrictions:				F/U ortho or surgical appt. date:			
LEVELS	Comp I	Mod I	Supervision/	Min A/CGA	Mod A	Max A	Total A
	·		SBA				
OCCUPATIONAL THERAPY		Update/Date	Update/Date	Update/Date	Update/Date	Update/Date	
Feeding							
Grooming							
Bathing							
Dressing – upper body							
Dressing – lower body							
Toileting/hygiene							
Transfer - toilet							
Transfer – tub/shower							
PHYSICAL THERAPY			Update/Date	Update/Date	Update/Date	Update/Date	Update/Date
FILIDIOALI	IILKAFI		opudite/Butte	opadic/Date	opadic/Date	) p 3: 3: 3: 7 = 3: 33	opaats, zats
Bed mobility			opadie/Date	opadie/ Date	opadie/Bate		
	/						
Bed mobility	/ hair/WC						
Bed mobility  Transfer - c  Gait - dista	/ hair/WC	/pe					
Bed mobility Transfer - c Gait - distant Assistive de	hair/WC	<u>'</u>					
Bed mobility Transfer - c Gait - distant Assistive de	hair/WC nces/assist vice? Y/N & ty & assistance r	<u>'</u>					
Bed mobility Transfer - c Gait - distant Assistive de # of stairs 8	hair/WC nces/assist vice? Y/N & ty assistance r	<u>'</u>	Update/Date	Update/Date	Update/Date		Update/Date
Bed mobility Transfer - c Gait - distant Assistive de # of stairs & Wheelchair	hair/WC nces/assist vice? Y/N & ty assistance r mobility ERAPY	<u>'</u>					
Bed mobility Transfer - c Gait - distant Assistive de # of stairs & Wheelchair   SPEECH TH Diet Type/	hair/WC nces/assist vice? Y/N & ty assistance r mobility ERAPY	needed?	Update/Date				
Bed mobility Transfer - c Gait - distant Assistive de # of stairs & Wheelchair   SPEECH TH Diet Type/ Cognition/le	hair/WC nces/assist vice? Y/N & ty assistance r mobility ERAPY enteral / % vel of orientati	needed?	Update/Date	Update/Date			
Bed mobility Transfer - c Gait - distant Assistive de # of stairs & Wheelchair   SPEECH TH Diet Type/ Cognition/le	hair/WC nces/assist vice? Y/N & ty assistance r mobility ERAPY enteral / % vel of orientati	needed?	Update/Date sed, A&O x 3:	Update/Date			
Bed mobility Transfer - c Gait - distant Assistive de # of stairs & Wheelchair   SPEECH TH Diet Type/ Cognition/le	hair/WC nces/assist vice? Y/N & ty assistance r mobility ERAPY enteral / % vel of orientati	needed?	Update/Date sed, A&O x 3:	Update/Date			
Bed mobility Transfer - c Gait - distant Assistive de # of stairs & Wheelchair of SPEECH TH Diet Type/ Cognition/le Describe def	hair/WC nces/assist vice? Y/N & ty assistance r mobility ERAPY enteral / % vel of orientati icits r/t memo	needed?	Update/Date sed, A&O x 3:	Update/Date			
Bed mobility Transfer - c Gait - distant Assistive de # of stairs & Wheelchair of SPEECH TH Diet Type/ Cognition/le Describe def DISCHARGE D/C Date & F	hair/WC nces/assist vice? Y/N & ty assistance r mobility ERAPY enteral / % vel of orientati icits r/t memo E PLANNING Plan: Lissues:	needed?	Update/Date sed, A&O x 3:	Update/Date			
Bed mobility Transfer - c Gait - dista Assistive de # of stairs & Wheelchair SPEECH TH Diet Type/ Cognition/le Describe def DISCHARGE D/C Date & I Psychosocia Barriers to D	hair/WC nces/assist vice? Y/N & ty assistance r mobility ERAPY enteral / % vel of orientati icits r/t memo E PLANNING Plan: Lissues:	needed?	Update/Date sed, A&O x 3:	Update/Date			
Bed mobility Transfer - c Gait - dista Assistive de # of stairs & Wheelchair SPEECH TH Diet Type/ Cognition/le Describe def DISCHARGE D/C Date & I Psychosocia Barriers to D	hair/WC nces/assist vice? Y/N & ty assistance r mobility ERAPY enteral / % vel of orientati ficits r/t memo EPLANNING Plan: I issues: /C plan:	needed?	Update/Date sed, A&O x 3:	Update/Date			