

Full Range Health Services

In Home Supervisory Visit - Performance Evaluation -PT

Name: _____

Date of Employment: _____

Date of Supervisory Visit: _____

Visit Type: _____

_____ Initial

_____ Annual

Responsibility, Skill, or Procedure	Yes	No	N/A
SOC Documentation			
Consent for Treatment			
Start of Care Documents discussed and completed appropriately			
Verification of Insurance Cards			
Instructs patients/family/caregivers in exercise regime:			
Determines priority needs for physical therapy			
Provides training in ambulation, transferring, gait and home exercise			
Assesses patient home environment and identifies equipment needs			
Evaluates ability to perform ADLs in home/social environment			
Observation Checklist			
Assesses Vital Signs: (2 Blood Pressure and 2 Heart Rate)			
Strength Assessment Completed			
ROM Assessment Completed			
Functional Outcome Assessment Completed			
Maintains hand hygiene throughout session			
Performs documentation during visit			
Utilizes clinically appropriate interventions			
Coordinates effectively with other members of the Home Care Team:			
Responds in a timely manner to referrals to admit/assess patient			
In conjunction with patient, physician and home care team develops the PT plan of care based on patient needs and appropriate interventions			
Case Conferences with Team Members:			
Completes the following medical records thoroughly, timely and accurately:			
Physical Therapy Assessment			
Medication Profile			
OASIS Documentation (as needed)			
Clinical/Progress Notes (as needed)			
Identifies and assists client/family in accessing community resources including:			
Durable Medical Equipment/Supplies			
Access to other resources through referral to other team members or community programs relative to client's needs			

Full Range Health Services

Responsibility, Skill, or Procedure	Yes	No	N/A
Supervision of Home Health Aide:			
Develops Home Health Aide Plan of Care as Required			
Instructs Home Health Aide in Plan of Care as Required			
Evaluates Ability to perform ADL's in home/social environment			
Other areas/skills:			
Case Conferences with Team Members:			
Maintains client confidentiality/HIPAA:			
Conducts self in a professional manner:			
Reports to Supervisor as needed and appropriate:			
Performs teaching to client/family/home health aide:			
Maintains Guidelines for wound technique/procedure			
Maintains proper bag technique			
Summary of Performance			

My signature below does not imply my agreement with the content of this evaluation, but that the above evaluation has been reviewed with me.

Employee Signature: _____ **Supervisor Signature:** _____

Date: _____

Date: _____