

## 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
<b>SOC Documentation</b>			
Consent for Treatment			
Start of Care Documents discussed and completed appropriately			
Verification of Insurance Cards			
<b>Instructs patients/family/caregivers in exercise regime:</b>			
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			
<b>Observation Checklist</b>			
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			
<b>Coordinates effectively with other members of the Home Care Team:</b>			
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:			
<b>Completes the following medical records thoroughly, timely and accurately:</b>			
Physical Therapy Assessment			
Medication Profile			
OASIS Documentation (as needed)			
Clinical/Progress Notes (as needed)			
<b>Identifies and assists client/family in accessing community resources including:</b>			
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
<b>Supervision of Home Health Aide:</b>			
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			
<b>Other areas/skills:</b>			
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			
<b>Summary of Performance</b>			

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:** \_\_\_\_\_