**Authorization Request Clinical Note Template**

Summary of Care Provided: **In narrative form, describe the care that was provided since the previous authorization was obtained, including progress towards goals (REMOVE bold section AFTER READING)**

New/Exacerbated Diagnoses:

New/Changed Medications:

Patient/Caregiver Response to Teaching and Treatment: **Is patient tolerating treatment? Does the patient report any discomfort or pain as a result of treatment? Is patient/CG able to verbalize understanding of teaching? Is patient/CG able to perform teach back of information? Are there concerns regarding follow-through/non-compliance? (If so, do not document “non-compliance”, but rather objective findings such as “medications remain in pill box”, “patient found to be incontinent upon SN arrival”, “wound dressing from last SN visit still dated and intact although daughter verbalized understanding that it was her responsibility to change on days SN not visiting”). Are we progressing towards goals? IF NOT, what needs to be done to make progress? (REMOVE bold section AFTER READING)**

Wound Measurements/Assessment (if applicable): **(REMOVE IF NA)**

Quantifiable Therapy Progress Toward Goals/Functional Changes to transfer, ambulation, bathing, ADL status: **(REMOVE IF NA)**

Reason for Continued Skilled Need: **lack of able and willing CG, safety/environmental concerns, cognitive barriers, etc. Why are the skills of a trained therapist or nurse needed to complete interventions? (REMOVE bold section AFTER READING)**

Recent Lab Results (if applicable): **(REMOVE IF NA)**

Any ER/Hospital Admissions since last update?:

Ongoing Plan: **What skill will you continue to provide to the patient? What intervention(s) does the patient continue to require? (REMOVE bold section AFTER READING)**

Date Range Requested:

Requested frequency: