



NC Medicaid Private Duty Nursing
Medical Update/Patient Information Form



NC Medicaid-3062

1. Patient Name: _____ 2. Recipient ID: _____

3. Name of Provider Agency: _____ 4. PDN Provider Number: _____

5. Does that patient have insurance in addition to Medicaid? Yes No

6. Is PDN covered by private insurance? Yes No If Yes, explain coverage: _____

7. Date of last approval period: _____

8. Current attending physician: _____

9. Updated information. Please include (do NOT copy 485): Summary of Nursing Documentation for the last certification period: _____

10. Date of last weight (adults), height and weight for pediatric recipients: _____

11. Date of last examination by MD (name of MD): _____

12. Changes in recipient's condition: _____

13. Home visit observations. Safety of environment, and caregiver information: _____

14. Critical incidents with the recipient (hospitalizations, falls, infections, etc): _____

15. Therapies recipient is receiving (PT, OT, ST, RT, etc): _____

16. Emergency plan of care if nurse is not available; _____

17. Training needs: _____

18. Education provided, return demonstrations and identification of ongoing needs: _____

Nurse Signature and Title: _____ Date: _____