* Please provide this sheet to the physician filling out the Medical Request for Home Care (M11Q).

1. The client’s name, address and Social Security number must be provided.

2. The medical professional must complete the M-11Q by accurately describing the patient’s medical condition.

3. The medical professional must not recommend or request the number of hours of personal care services.

4. The M-11Q must be signed by a NY State licensed physician.

5. The date of the examination must be provided.

6. The physician must sign and date the M-11Q within 30 days after the exam date.

7. The registry number of the physician must be indicated.

8. The completed signed copy of the M-11Q must be forwarded within 30 calendar days after the medical examination.