



# FAX: HOME HEALTH CARE SERVICE REQUEST

<b>To:</b> Johanna Char or Admissions Nurse	<b>From:</b>
<b>Fax:</b> 218-6504	<b>Phone:</b>
<b>Phone:</b> 739-2811	<b>Date:</b>
<b>Re:</b>	<b>Pages:</b>

**Urgent**                       **Private Pay**                       **Please Reply**                       **Other**

## Client Information

Client Initials:	Location:		
Birth Date:	Age:	Height/Weight:	<input type="checkbox"/> Male <input type="checkbox"/> Female
Contact Name:	Phone:		

## Service Inquiry Description

Description of situation and care needs: _____
Primary Problem/Diagnosis: _____
Comments: _____

**\*\*\*\* Confidentiality Notice \*\*\*\***

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**PLEASE CALL MAIN NUMBER AT 739-2811 FOR REQUESTS AFTER OFFICE HOURS**