

HOUSE CALL

REQUEST FOR SERVICE/ INQUIRY

Date _____ Time _____ Person taking request (print) _____

Signature _____ Title _____

CLIENT INFORMATION

Client Name _____ Social Security No. _____ ID No. _____

Address _____ City _____ State _____ Zip Code _____

Birthdate _____ Gender Male Female Height _____ Weight _____

Home # _____ Other # _____

Referral Source _____ Relationship _____ Work Phone _____ Home Phone _____

Other Phone _____

Emergency Contact _____ Relationship _____ Work Phone _____

Home Phone _____ Other Phone _____

Primary Physician _____ Work phone _____

M.D. orders needed yes no _____

Hospital of Choice _____ Last Hospital Stay _____

INSURANCE INFORMATION

Primary Carrier _____ ID/Policy No. _____

Employer/ Group No. _____ Phone _____

Secondary Carrier _____ ID/Policy No. _____

Employer/ Group No. _____ Phone _____

BILLING INFORMATION

Bill to _____ Relationship _____ Phone _____

Billing Address _____ City _____ State _____ Zip Code _____

Requested start date _____ Days of service _____ Hours of service _____

Ongoing Yes No _____

Type of service (e.g. Home care assistance, companion, live-in, nurse)

Credit check Yes No Other organization involved in care

Referral Disposition Referral Date Begin Service

Hold Not started

GENERAL INFORMATION

Medical Equipment

- None
- Gait Belt
- Walker
- Cane
- Wheelchair
- BSC
- Urinal
- Hospital Bed
- Hoyer Lift
- Other _____

Mental Status

- Alert/Oriented
 - Disoriented
 - Anxious/Agitated
 - Forgetful
 - Other _____
- Pets**
- Yes
 - No
 - Type of pet _____

Physical Status

- Ambulatory
 - Needs Assistance to walk
 - Bedfast
 - Other _____
- Elimination Status**
- Normal Bladder
 - Normal Bowel
 - Bladder Incontinence
 - Bowel Incontinence
 - Diapers
 - Catheter

- Primary Language _____
- Living arrangements _____
- Smoking _____
- Other: _____
- Other: _____
- Other: _____

Permission for service to begin given by _____ Date _____

Permission for service to begin received by _____ Date _____

Credit Check Performed by _____ Credit Check Results _____ Date _____

