



SELECT CARE HOME HEALTH, INC.  
11803 GRANT RD. SUITE 203  
Cypress, Texas 77429  
281) 370-3500 (Phone)  
281) 370-3567 (Fax)

DATE: \_\_\_\_\_

ATTENTION: INTAKE

PHYSICIAN NAME: \_\_\_\_\_

PHONE \_\_\_\_\_ FAX \_\_\_\_\_

**PLEASE EVALUATE THE FOLLOWING PATIENT FOR HOME HEALTH:**

PATIENT NAME \_\_\_\_\_ ( ) MALE ( ) FEMALE

D.O.B \_\_\_\_\_ MEDICARE # \_\_\_\_\_

ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_ ZIP CODE \_\_\_\_\_ PHONE \_\_\_\_\_

NEXT OF KIN/ RELATIONSHIP \_\_\_\_\_ PHONE \_\_\_\_\_

LAST MD VISIT: \_\_\_\_\_

DIAGNOSIS: \_\_\_\_\_

**SPECIFIC ORDERS:**

- HOME HEALTH EVAL AND TREAT
- PHYSICAL / OCCUPATIONAL THERAPY EVAL
- SPEECH EVAL
- MEDICATION MANAGEMENT
- DIABETIC MANAGEMENT
- WOUND CARE
- OTHER \_\_\_\_\_

EQUIPMENT NEEDS (PLEASE SPECIFY) \_\_\_\_\_

OXYGEN THERAPY     DIABETIC SUPPLIES     ASSISTIVE DEVICES

NEBULIZER MEDICATION AND FREQUENCY

OTHER: \_\_\_\_\_