



Memorial Hospital

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One Ingalls Drive, Harvey, Illinois 60426 (708) 333-2300

HOME CARE QUESTIONNAIRE

Are you currently receiving any Home Care services, including nursing, speech therapy, physical therapy or occupational therapy?

YES NO

If you answered Yes, please notify the front desk and your Therapist. Outpatient Therapy is NOT covered while receiving home care services and you will be responsible for payment prior to your visit.

Patient Signature: _____ Date _____

Printed Name _____

Legally Authorized Representative: _____ Date _____

Printed Name _____