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Available every day of the year 24/7



SAFE LIFE  
HOME HEALTH CARE

Start of Care Date (if requested): \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

Patient Information  See Attached Demographic Sheet

Patient Name: \_\_\_\_\_ Patient Date of Birth: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Patient Address: Street \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ County: \_\_\_\_\_

Patient Phone(s): \_\_\_\_\_

Patient Insurance Policies & Numbers: \_\_\_\_\_

Emergency Contact Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Phone: \_\_\_\_\_ Contact Email: \_\_\_\_\_

Physician Ordering Home Health: \_\_\_\_\_  
Physician Phone Number: \_\_\_\_\_  
Date of Last Doctor's Appt.: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Primary Diagnosis : \_\_\_\_\_

Safe Life Home health Care is to provide the following medically necessary services:  
(reason must be filled out for face-to-face)

- RN: \_\_\_\_\_  ST: \_\_\_\_\_
- PT: \_\_\_\_\_  HHA: \_\_\_\_\_
- OT: \_\_\_\_\_  MSW: \_\_\_\_\_

(OT, MSW or HHA cannot be ordered without PT or RN)

Other Safe Life Home Health Care services needed:

- Orthopedic Recovery (RN, PT, OT)  LSVT - Parkinson's (PT, OT, ST)
- Surgery Type/Date: \_\_\_\_\_  Wound Ostomy (WOCN, RN)
- Cardiac Care (CHF & COPD Management) (RN, PT, ST)  Diabetes Management (RN)
- IV Infusion (RN)  Comfort Care (Palliative Focused Care, RN/MSW)
- Wound Care (RN)  Other Services Needed: \_\_\_\_\_

Physician Signature : \_\_\_\_\_ Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_