

MOTHER THERESA'S HOME HEALTH CARE SERVICES, INC.

4500 Forman Avenue, Suite #2 Toluca Lake, CA 91602

Tel: (818) 505-9099 Fax: (818) 505-9554

INTAKE FORM

Patient Last Name:		First Name:		Middle Name:	
Phone Number:		Birth Date:		Age:	
Home Address:		City:		Zip Code:	
Marital Status:		Sex:			
<input type="checkbox"/> Married <input type="checkbox"/> Single <input type="checkbox"/> Separated <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed		<input type="checkbox"/> Male <input type="checkbox"/> Female			
Race:		Relationship:		Phone No:	
<input type="checkbox"/> Caucasian <input type="checkbox"/> Hispanic <input type="checkbox"/> Black <input type="checkbox"/> Asian <input type="checkbox"/> Native American Indian <input type="checkbox"/> Other:					
PCG Name:		Relationship:		Phone No:	
PCG Name:		Relationship:		Phone No:	
Medicare #:		<input type="checkbox"/> Part A Effective Date:		<input type="checkbox"/> Part B Effective Date:	
Medical #:		Effective Date:		Case Mgr & Ph #:	
Other Insurance Name:		Group/Policy #:		Effective Date:	
Contact Name:		Phone Number:		Deductible: Met:	
Comments:				Auth/Conf #:	
Referral Source: <input type="checkbox"/> Physician's Office <input type="checkbox"/> Hospital D/C Planner <input type="checkbox"/> SNF/Rehab D/C Planner <input type="checkbox"/> Self/Family <input type="checkbox"/> Other					
Inpatient Hospitalization: (Acute Care)			Inpatient Hospitalization: (Rehab/SNF)		
Hospitalization Date From:		To:		Hospitalization Date From:	
				To:	
Physician Name:			Physician Name:		
<input type="checkbox"/> Referring <input type="checkbox"/> Primary			<input type="checkbox"/> Primary <input type="checkbox"/> Secondary		
DIAGNOSES:		Onset/Exac Date:		Services Needed:	
				Date Assigned:	
				RN _____	
				LVN _____	
				CHHA _____	
				MSW _____	
				PT _____	
				OT _____	
Surgery: _____				ST _____	
				Other: _____	
Diet:			Allergies:		
History/Pertinent Information: _____					
				Referral Taken By:	
Medical Record #:		Acuity Level:		Referral Date:	
				SOC Date:	