NTMC
North Texas
Medical Center

* T S H H F *

THERAPY SERVICES HOME HEALTH QUESTIONNAIRE

940-612-8340

If you are currently receiving Home Health Services or during the course of your Therapy Services you enroll in a Home Health Program, You are required to notify North Texas Medical Center Therapy Services prior to your Therapy Session.

Patient Name: _____

DOB: _____

Date of Service: _____

Please read and sign this form:

Please provide the following information. Circle your response:

1. Are you currently under any type of home health care? yes / no

If your answer is no, please sign below and return this form to the clerk.

If your answer is yes, please complete the following:

PLEASE PROVIDE THE NAME, ADDRESS AND TELEPHONE NUMBER OF THE HOME HEALTH AGENCY:

HOME HEALTH AGENCY _____

ADDRESS _____

_____

_____

CONTACT PERSON _____

TELEPHONE NUMBER _____

The information provided is true to the best of my knowledge.

X Signature _____