



# FAX HOME HEALTH CARE SERVICE REQUEST

To:	ATTENTION PLUS CARE Johanna Char/Admissions Nurse	From:	
Fax:	(808) 218-6504	Phone:	
Phone:	(808) 739-2811	Date:	
Re:		Pages:	

Urgent  
  For Review  
  Please Comment  
  Please Reply  
 Private Pay  
  Other \_\_\_\_\_

### CLIENT INFORMATION

Client Initials:	Location:
------------------	-----------

Birth date:	Age:	Gender:
		Male      Female

Height :	Weight:
----------	---------

### INQUIRY SERVICE DESCRIPTION

DESCRIBE SITUATION AND WHAT THEY NEED HELP WITH:

---



---



---

PRIMARY PROBLEM/DIAGNOSIS \_\_\_\_\_

---



---

COMMENTS: \_\_\_\_\_

---



---

\*\*\*\*CONFIDENTIALITY NOTICE\*\*\*\*

The documents accompanying this telecopy transmission contain confidential information, belonging to the sender, which is legally privileged. This information is intended only for the use of the individual or entity named above. The authorized recipient of this information is prohibited from disclosing this information to any other party and is required to destroy the information after its stated need has been fulfilled, unless otherwise required by state law.

If you are not the intended recipient, you are hereby notified that any disclosure, copying, distribution, or action taken in reliance on the contents of these documents is strictly prohibited. If you have received this telecopy in error, please notify the sender immediately to arrange for return of these documents.