



Home Health Inquiry Form

Phone: 319-653-7758
Website: washph.com

I have interest in the following services provided by your agency: **(check all that apply)**

_____ **Nursing Services**

Including, but not limited to: clinical assessment and evaluation, wound, ostomy and catheter care, IV home therapy and injection therapy, diabetic management, patient and caregiver education, coordination of physician prescribed services, products, equipment and therapies

_____ **Home Care Aide Services**

Including, but not limited to: assisting with bathing, shampooing and skin care, assisting with range of motion exercises, assisting with ambulation and transferring

_____ **Homemaker Services**

Including, but not limited to: light housekeeping, laundry, errands, shopping and meal preparation

Home Care Services may be paid for by Medicare, Medicaid, private insurance, or VA. Private pay services are available on a sliding fee scale.

Contact Information for Inquiry:

Name _____

Phone Number _____

Email address _____

Best time of day to be contacted by phone _____