



Serving Athens, Hocking, Meigs, Monroe, Morgan, Noble, Perry and Washington Counties

Recommendation for Information and Assistance

Agency: \_\_\_\_\_

Agency Contact: \_\_\_\_\_

Ph: \_\_\_\_\_ Fax: \_\_\_\_\_

Date: \_\_\_\_\_

Patient Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Caregiver Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Relationship to patient: \_\_\_\_\_

Patient Social (last 4 digits): \_\_\_\_\_

Patient Date of Birth: \_\_\_\_\_

Services:

Patient County of Residence: \_\_\_\_\_ [ ] In-home assessment, case management, coordination of home and community based services

Please indicate which programs or services need follow-up:

Health Promotion, Self-Management:

- [ ] Physical activity
[ ] Diet and nutrition
[ ] Support for managing chronic condition. Please specify: \_\_\_\_\_

- [ ] Falls prevention
[ ] Memory concerns
[ ] Medication management
[ ] Mood concerns—low mood or increased sadness
[ ] Other (specify): \_\_\_\_\_

- [ ] Grocery shopping assistance
[ ] Home-delivered meals
[ ] Transportation
[ ] Home medical equipment
[ ] Housing-repairs, modifications or alternatives
[ ] In-home help with cleaning and meal preparation
[ ] Personal care (e.g., bathing, dressing)
[ ] Adult Day Care
[ ] Legal services
[ ] Financial assistance/benefits counseling
[ ] Support/education for caregivers
[ ] Home safety evaluation
[ ] Other (please specify) \_\_\_\_\_

Additional Comments: \_\_\_\_\_
\_\_\_\_\_
\_\_\_\_\_

Referent Signature

Date: