



EXPERTS IN HOME HEALTH MGNT., INC.

Ph: 1-800-HOMECARE • 1-800-768-4663 • Fax: 586-585-0209
www.exhhc.com

NAME: _____

**SKILLED NURSING/PT/OT/SPEECH THERAPY/SOCIAL WORK,
SERVICES/ HOME HEALTH AIDES, (DME & HOSPICE-AFFILIATIONS)**

**High Blood Pressure (Hypertension), Home Diabetes Disease Management
Program, Fall Prevention (Vestibular Therapy), Congestive Heart Failure
(Tele-Health), Neuropathy (Anodyne), Pain Management program, COPD,
Collaborative Management Program, Parkinson's disease (How to manage)**

**Please present this card at hospital admission to identify you as a
home care patient of Experts in Home Health Management, Inc.**

Doctor _____ **Doctor** _____
Phone # _____ **Phone #** _____

Doctor _____ **Doctor** _____
Phone # _____ **Phone #** _____

My current medications are:



MY HEALTH RECORD

NAME _____
ADDRESS _____
CITY _____ STATE _____ ZIP _____
PHONE # _____

DATE	BP	PULSE	PULSE OX	BLOOD SUGAR

My current medical conditions are:

My allergies are:
