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Delray Beach, FL 33446

BACK IN ACTION
PHYSICAL THERAPY

ph. (561) 638-7455
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Home Health Care Questionnaire

Please check below if you are currently receiving any of the following HOME HEALTH CARE services either privately or through insurance.

- ◯ Skilled Nursing
- ◯ Blood Pressure Monitoring
- ◯ Blood Sugar Level Monitoring
- ◯ Wound or Skin Care
- ◯ Physical or Occupational Therapy
- ◯ Pool/Aquatic Therapy
- ◯ Part-Time or Full-Time Aide for Personal Care and/or Housekeeping
- ◯ Other:_____

I understand that certain insurances (including Medicare) will NOT cover outpatient rehabilitation services if I am receiving Home Health Care services.

I will notify Back In Action in the event I start to receive Home Health Care services.

Print Name:_____ **Signature:** _____ **Date:** _____