200 E. Main St. Suite J
Crowley TX 76036-2680

Community Care
Health Agency, Inc

Phone Office: 972-266-8511
Phone Cell: 972-522-8180
Fax: 972-266-8522

INTAKE INFORMATION	
Client Name:	Date:
Address:	Sex: ☐ Male ☐ Female
	DOB:
City: State: Texas	Phone:
Zip code:	Cell:
☐ SOCIAL SECURITY # _____	
☐ MEDICARE # _____	
☐ MEDICAID # _____	

Referral Agency information	
Referral Agency:	
Case Manager Name:	
Phone:	Fax:

Emergency Contacts		
Name:	Relation:	
Home Phone:	Cell:	Work:
Name:	Relation:	
Home Phone:	Cell:	Work:

Attending Physician		Alternate Physician	
Name:		Name:	
Address:		Address:	
City:		Address:	
State/ Zip code:		State/ Zip code:	
Phone/ Fax :		Phone/ Fax :	
UPIN	NPI	UPIN	NPI

Physician Orders

Diagnosis:_____

_____

Allergies:_____

☐ Community Care Home Health Agency to Asses, Evaluate and Admit to services
☐ SN Services ☐ PT Evaluation ☐ OT Evaluation ☐ SLP Evaluation ☐ Med Monitoring
☐ PT/INR
☐ Additional Orders Needed: _____
☐ Labs: _____
☐ Wound Care: _____
☐ Equipment Needs:_____

Physician's signature_____ Date: _____

Follow up status required:
☐ Yes {Notify referral agency of progress} ☐ No